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COUNTY BOROUGH OF BOURNEMOUTH

Annual Report

of the

Medical Officer of Health

and

Principal

School Medical Officer

for the Year 1955

PUBLIC HEALTH DEPARTMENT,
17, ST. STEPHEN'S ROAD,
BOURNEMOUTH.



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PUBLIC HEALTH DEPARTMENT,

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BOURNEMOUTH.

*To the Mayor, Aldermen and Councillors of the County Borough of
Bournemouth.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health and sanitary conditions of the County Borough of Bournemouth for the year 1955, the seventy-seventh in the series.

The birth rate was 10.73 per 1,000 of the population, compared with 11.04 per 1,000 in 1954. This is the lowest rate since 1940, and the post-war increase, which reached its peak in 1946 with a rate of 16.03 per 1,000, has now practically declined to its pre-war level.

The general death rate was 16.15 per 1,000 of the population, which when adjusted by the Registrar General's comparability factor gave a corrected death rate of 10.34 per 1,000. These are higher death rates than in 1954 (15.36 per 1,000, adjusted to 9.83 per 1,000) but as will be noted from the detailed statistics of mortality comparatively few deaths occurred within the younger age groups.

The infant mortality rate fell during 1955 to the very low figure of 15.1 per 1,000 live births, an achievement that would have been considered impossible even a few years ago. As pointed out in the more detailed discussion of infant mortality in the body of the Report, we are now reaching the stage where little further reduction can be expected by concentrating on infant welfare alone. We must go much further back, to the education of the adolescent girl in mothercraft, and to the most scrupulously careful supervision of the expectant mother, both from a clinical and educational point of view.

Two deaths were allocated to maternal causes during the year, the first to be so recorded since 1952. In one case the mother died in hospital following the birth of a stillborn baby, but the second case has only been placed in this group by the Registrar General for the sake of statistical tidiness, as the confinement took place over 20 years ago.

The incidence of infectious disease remained generally low during the year, with the exception of measles, which showed its well known biennial epidemic trend during 1955, and caused 1,862 cases. There were 16 cases of poliomyelitis, compared with 2 cases in 1954, and the disease was in a severe form, causing four deaths.

The death rate from pulmonary tuberculosis declined to the very low level of .08 per 1,000 population, and this local experience has been shared by the rest of the country, and is due to the great advances in treatment during the last few years. More efficient case finding methods have resulted in earlier treatment, and an all out attack upon this disease could, in the opinion of many, lead to its virtual extinction in the not too distant future. Dr. W. H. Tattersall, Senior Chest Physician, comments very fully in his report on the whole problem of tuberculosis in Bournemouth.

During the year the Ambulance Service carried a greater number of patients than ever before, 41,508 patients being carried a distance of 213,862 miles. By careful administration this huge total of patients, equal to more than one in every four of the population, has been carried with a greater economy of mileage than in any previous year.

A great deal of information has been given about the personal and domiciliary services provided by the Council, partly at the request of the Ministry, but also to give greater prominence to the

enormous and increasing value of these services to the community. In the earlier years of the Public Health Service, practically all available resources were directed towards the conquest of the environment, with the result that major epidemics and pestilences have been controlled and the average person in this country enjoys a security unequalled anywhere else in the world. The environment must still be held at bay, but for many years the personal services have received an increasing amount of support, and it is well that more prominence should now be given to them.

Home nurses made nearly 9,000 more visits in 1955 than in the previous year, and attended nearly 300 more patients. Much of the work of this service is in relation to chronic sickness and old age, and the skill and devotion of these nurses is beyond praise.

Domiciliary midwives, while attending fewer confinements than in 1954, were still very fully extended, and unless some means can be found to reduce the case load of the individual midwife, the quality of ante-natal supervision will inevitably suffer.

The Domestic Help Service provided assistance in a greater number of cases than in 1954, and has now become an indispensable part of the domiciliary services of the Council.

Health Visiting is still in process of transition from the confines of Maternity and Child Welfare to the wider horizons provided by the National Health Service Act. The scope of Health Visiting is almost unlimited and far more of these workers are needed today. Probably no section of the Public Health Service has had such a difficult period of readjustment, and if health visitors can seize their opportunities, they should make their place in preventive medicine secure for all time.

The Mental Health Service has also been described in some detail, as there is a certain amount of public unease today on the detention of patients in mental hospitals and institutions. The number of patients obtaining treatment for mental illness was higher than in any previous year, but the increase was almost entirely in regard to voluntary, non-designated and observation cases, and the number requiring formal certification was much as before.

It is becoming evident that the problem of mental deficiency in Bournemouth is greater than was apparent some years ago, and the Council's decision to increase its Occupation Centre facilities is

most encouraging and timely. Approximately 10 children are excluded from school each year as "ineducable" and it is essential that some alternative form of teaching should be provided with a little delay as possible.

The Sanitary circumstances of the Borough have been described by Mr. W. Riley, Chief Sanitary Inspector, and include details of his survey of "Slum Clearance Areas" and "Individual Unfit Houses" under the Housing Repairs and Rents Act, 1954. Although few of these properties come within the popularly held conception of a "slum" they are in fact substandard houses which because of age, lack of amenities and poor state of repair, fall far short of modern standards. Mr. Riley, among many other features of his report, describes the growth of caravan camps and sites in the Borough, and the many problems involved.

The Public Analyst's report shows a considerable reduction in the percentage of inferior samples. As regards Food and Drugs the percentage of adulterated samples fell from 8.9 per cent. (1954) to 5.4 per cent., and for milk samples from 12 per cent. to 4.7 per cent. The exception to this general improvement was Channel Island milk, where adulteration was found in 11.7 per cent. of samples compared with 11.5 per cent. in 1954.

In retrospect, the year 1955 was a particularly satisfying one not only for its achievements, but for the promise of the future.

It is my great pleasure to thank the Health Committee, and especially the Chairman, for their readiness to consider any scheme for the betterment of the public health in Bournemouth, and for the help and encouragement they have given me. My thanks are also due to my Deputy, Dr. J. H. Maughan, my Chief Administrative Assistant, Mr. J. W. Roberts, and to all other members of my staff, both medical and lay, who have carried out the work recorded in the pages of this Report.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

WILLIAM FIELDING

Health Committee and Staff

as at 31st December, 1955

HEALTH COMMITTEE

The Mayor (Councillor D. N. Willoughby, J.P.)

Alderman J. H. Turner (*Chairman*)

Councillor A. H. Abbott (*Vice-Chairman*)

Council Members

Alderman	J. B. C. Beale, J.P.	Councillor	J. G. Middleton
"	H. C. Brown, O.B.E.	"	F. A. W. Purdy
"	T. Peaty	"	A. Scott
Councillor	Mrs. B. Bicknell, J.P.	"	C. E. Walker, M.B.E., M.A.
"	W. Collins	"	Mrs. M. C. Wall
"	H. J. Mears (Junior)	"	W. J. Whitelock

Other Members

A. A. F. Shepherd, Esq., L.R.C.P., L.R.C.S.
 N. Ross Smith, Esq., F.R.C.S.
 R. G. Torrens, Esq., B.A., B.D.Sc.
 L. Heygate Vernon, Esq., F.R.C.S.

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, and Medical Referee to Cremation Authority	William Fielding, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health, Deputy Principal School Medical Officer, Deputy Medical Referee to Cremation Authority ...	John Harry Maughan, M.B., B.S., D.P.H.
Assistant Medical Officer of Health, School Medical Officer	C. J. Sanderson, M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health, School Medical Officer	F. A. Heimann, L.R.C.P., L.R.C.S., L.R.F.P.S., M.D.(Breslau)
Assistant Medical Officer of Health (Maternity and Child Welfare), School Medical Officer	P. K. H. Keating, L.R.C.S.(I), L.R.C.P.(I), L.M., D.C.H.
Principal Dental Officer	A. A. Wood, L.D.S., R.C.S.
Dental Officers	H. S. Hooper, B.D.S., L.D.S., R.C.S. F. E. Lockwood, B.D.S. (Univ. L'pool). W. J. Mackillop, L.D.S. (Hons.), R.F.P.S. (Glasgow).

Chief Sanitary Inspector ...	William Riley, F.R.San.I. * † ° ‡
Deputy Chief Sanitary Inspector	Jack Randall, M.R.San.I. + † ° |
District Sanitary and Food Inspectors	H. R. Ambrose + † W. G. Clarkson + M. Guthrie, M.C. + † A. J. Mortimer + † S. M. Payne + † || S. Tweedie + †
District Sanitary Inspectors ...	W. Vincent Morris,* D. J. Mortimore, S. Powell,* | Plus 6 Assistants.
Superintendent Health Visitor ...	W. M. Melhuish
Health Visitors (and School Nurses)	L. M. Austin, E. I. Bartlett, C. V. Bailey, P. M. Carey, M. G. Cornish, F. Darlington, E. M. Gibbs, M. Grosvenor, C. C. Hannan, A. I. Lane, E. M. Litten, G. M. Lunn, Rodd, G. E. C. Steel, E. Tonkin, D. Turner, F. Turner, J. Wilkinso
Municipal Midwives	L. Hawthorne, H. E. Holme B. McBride, M. H. Popham E. M. Schoch, D. M. A. Sharp
Superintendent, Home Nursing Service	F. Grindrod
Senior Nurse, Home Nursing Service	E. Lane
Home Nurses	I. L. Attridge, M. Burnett, M. DaCosta, G. Draper, E. Finnemore, A. Fisher, E. P. Gilbert, R. Guscott, J. Higgins, B. Jackson, M. E. James, M. Jones, M. Large, P. R. Ma M. S. McKenney, L. Mist, M. I. Olley, E. Rampton, C. Rimanoz V. A. Robbins, E. E. Souter, G. I. Sutton, K. Taylor, D. E. Welch.
Educational Psychologist ...	B. W. Foxley
Psychiatric Social Workers ...	M. R. Barnes, J. Higgins.
Duly Authorised Officers ...	F. H. Lewis, G. A. Capes, R. Smith (both Part-time)
Mental Health Worker	R. Smith
Dental Attendants	D. M. Cox, B. D. M. Read, F. M. Wilding, N. Woods.
Chief Administrative Assistant and Chief Clerk	J. W. Roberts.
Senior Administrative Assistant	G. O. Willis.
Secretary to Medical Officer of Health	Mrs. M. Shipp
Section Clerks	J. E. Plummer, F. J. Goode, G. A. Cape
Clerks	S. C. Banks, H. R. Bryan, K. F. Clark M. A. Cormack, N. L. Hills, B. J. Johnson, E. M. Langridge, J. Lockett, E. G. Payne, J. W. Peak R. W. Rowe, E. V. Sweet, S. C. Tarrant, B. Tyrer, M. Watton, I. Woodgate
Home Help Organiser	Mrs. L. A. Horwood
Ambulance Depot Superintendent	A. N. Platts
Occupation Centre	S. Nott (Supervisor), Mrs. J. C. Elli Mrs. G. M. Nott.
Superintendent of Public Con- veniences and Mortuary ...	W. C. R. Jewell
Rodent Officer	F. Bennett, plus 5 Operatives.

PART-TIME OFFICERS

=Chest Physicians	...	...	W. H. Tattersall, M.A., M.D.
			O. D. Beresford, M.D., M.R.C.P., B.Sc.
			A. T. Hendry, M.B., Ch.B., F.R.F.P.S.
=Consultant Children's Psychiatrist			W. H. Whiles, M.R.C.S., L.R.C.P., D.P.M.
Public Analyst	...	...	A. S. Carlos, B.Sc., F.R.I.C.
Meteorological Registrar		...	A. J. Mortimer (Part-Time)
Deputy Meteorological Registrars			C. Lockett, S. Tweedie (both Part-Time)

* Certificate of the R.San.I. for Sanitary Inspectors.

† Certificate of the R.San.I. for Inspectors of meat and other foods.

° Certificate of the R.San.I. for Smoke Inspectors.

+ Certificate of the R.San.I. and Sanitary Inspectors' Examination Joint Board.

‡ Certificate of the Examination Board of the Sanitary Inspectors' Association (1921).

‖ Certificate of the R.San.I. for Sanitary Science.

=Employed by South West Metropolitan Regional Hospital Board.

General Statistics

Area of the County Borough	...	11,627 acres
Estimated Civilian Population	...	141,800
Rateable Value ... ..	...	£2,147,808
Product of 1d. rate ... ..	...	£8,645

Vital Statistics

Live births	{ Male Legitimate 744, Illegitimate 61 }	...	...	1521
	{ Female ,, 662, ,, 54 }	...	...
Birth rate (per 1,000 population)	...	...	...	10.75
Stillbirths	{ Male Legitimate 13, Illegitimate 2 }	...	...	35
	{ Female ,, 18, ,, 2 }	...	...
Stillbirth rate (per 1,000 total live and still births)	...	...	...	22.49
Total Deaths (Males 1009, Females 1281)	...	...	...	2290
Death Rate (per 1,000 population)	...	...	...	16.15
Adjusted Death Rate (per 1,000 population)	...	...	...	10.34
Maternal Deaths (Sepsis Nil, Other causes 2)	...	...	...	2
Maternal Mortality Rate (per 1,000 total births)	...	...	...	1.28
Number of deaths of infants (under 1 year of age) :—				
Legitimate 20 Illegitimate 3	...	...	...	23
Infant Mortality Rate (per 1,000 live births)	...	...	...	15.12
(Legitimate 14.22 Illegitimate 26.09)				
Deaths from Whooping Cough, all ages	...	...	...	Nil
Deaths from Measles, all ages...	...	...	...	Nil
Deaths from Diarrhoea, under 2 years of age	...	...	...	Nil
Deaths from Pulmonary Tuberculosis (Males 6, Females 6)	...			12
Death rate from Pulmonary Tuberculosis (per 1,000 population)				0.084
Deaths from Non-pulmonary Tuberculosis (Males 1, Females, 1)				2
Death rate from Non-pulmonary Tuberculosis (per 1,000 population)				.014
Deaths from Cancer (Males 202, Females 232)	...	...	...	434
Death rate from Cancer (per 1,000 population)	...	...	...	3.06

Births

The number of live births allocated to the area after adjustment for inward and outward transfers was 1521, a reduction of 37 on the total for 1954. Both the total number of births and the birth rate were the lowest recorded in the Borough for many years.

Average number of births 1945-1954	1773.
Births in 1955 	1521.
Average birth rate 1945-1954 ...	12.94 per 1000 population.
Birth rate 1955 	10.73 per 1000 population.
Birth rate England and Wales (1955)	15.0 per 1000 population.

Stillbirths

Stillbirths are commonly associated with toxæmia of pregnancy and many of them could be prevented by more careful ante-natal supervision. Although there has been a steady reduction in the stillbirth rate in the country as a whole, there are quite marked geographical variations, and the rate is highest in the industrial areas of S. Wales and N.W. England, and lowest in the London and the S.E. area.

Average number of stillbirths 1945-1954	41.
Stillbirths in 1955 	35.
Average stillbirth rate 1945-1954 ...	22.5 per 1000 total births.
Stillbirth rate 1955 	22.5 per 1000 total births.
Stillbirth rate England and Wales (1955)	23.1 per 1000 total births.

Illegitimate Births

The illegitimate birth rate in Bournemouth, although it has declined from the peak post war figure, still remains far higher than the national average. Illegitimate births accounted for 7.8 per cent. of the total births, compared with the national figure for 1954 of 5.7%.

Average number of illegitimate births	
1945-1954 	166.
Illegitimate births during 1955 ...	119.

Prematurity

(i.e. babies weighing 5½lbs. or less at birth, irrespective of the period of gestation).

As in the case of stillbirths, prematurity is frequently the result of toxæmia of pregnancy, although multiple pregnancy, congenital

abnormalities and other unknown factors may cause it. In an event the premature infant is exposed to many hazards both during and after birth, and its chances of survival are in direct proportion to its birth weight.

During 1955, 109 premature births (6 per cent. of the total births) were notified in Bournemouth, as follows :—

			<i>Live</i>	<i>Stillborn</i>	<i>Total</i>
Born at home	...	...	25	2	27
Born in Hospital	...	...	61	12	73
Born in Nursing Homes	...	...	8	1	9
			94	15	109

A summary of the place of treatment of these small babies and the results obtained is shown :

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to Hospital on or before 28th day			Born in Nursing Home and transferred to Hospital on or before 28th day			Born in Hospital	Born at Home	Born in Nursing Home
	Total	Died with- in 24 hours	Sur- vived 28 days	Total	Died with- in 24 hours	Sur- vived 28 days	Total	Died with- in 24 hours	Sur- vived 28 days	Total	Died with- in 24 hours	Sur- vived 28 days			
3lbs. 4oz. or less ...	6	—	3	—	—	2	3	1	2	—	—	—	4	—	1
Over 3lbs. 4oz. up to and including 4lb. 6oz.	12	—	11	1	—	—	1	—	—	1	—	—	4	1	—
Over 4lb. 6oz. Up to and including 4lb. 15oz.	16	1	15	2	—	—	—	—	—	3	—	—	3	—	—
Over 4lb. 15oz. up to and including 5lb. 8oz.	27	1	26	18	—	—	—	—	—	4	—	—	1	1	—
TOTALS ...	61	2	55	21	—	20	4	1	2	8	—	—	12	2	1

During recent years there has been an increase in the proportion of premature births, which since 1949 has varied between 4.1 per cent. and 6 per cent.

Infant Mortality

During the year, 23 infants died in the first year of life, giving an infant mortality rate of 15.1 per 1,000 live births, the lowest ever recorded in the Borough.

Average infant mortality rate 1945-1954	30.0 per 1000 live births.
Infant mortality rate 1955	15.1 per 1000 live births.
Infant mortality rate England and Wales (1955)	24.9 per 1000 live births.

Of the 23 infants, 18 died in their first month of life, as follows :

Prematurity	11.
Congenital abnormalities	4.
Birth injury	1.
Other conditions	2.

The five remaining infants survived the neonatal period, but died before their first birthday, as follows :

Pneumonia	2.
Bladder tumour	1.
Congenital heart disease	1.
Accidental coal gas poisoning	1.

Infant mortality has now become very much a matter of prematurity and congenital defects, and there is a great deal of evidence to show that both these conditions are frequently associated with toxæmia or infection of the mother during pregnancy. A nutritional factor is possibly also involved, but the plain fact of the matter is that infant mortality has now been reduced almost to its minimum insofar as infant care is concerned. Further reduction can only be achieved by superlative ante-natal care of the expectant mother.

Maternal Mortality

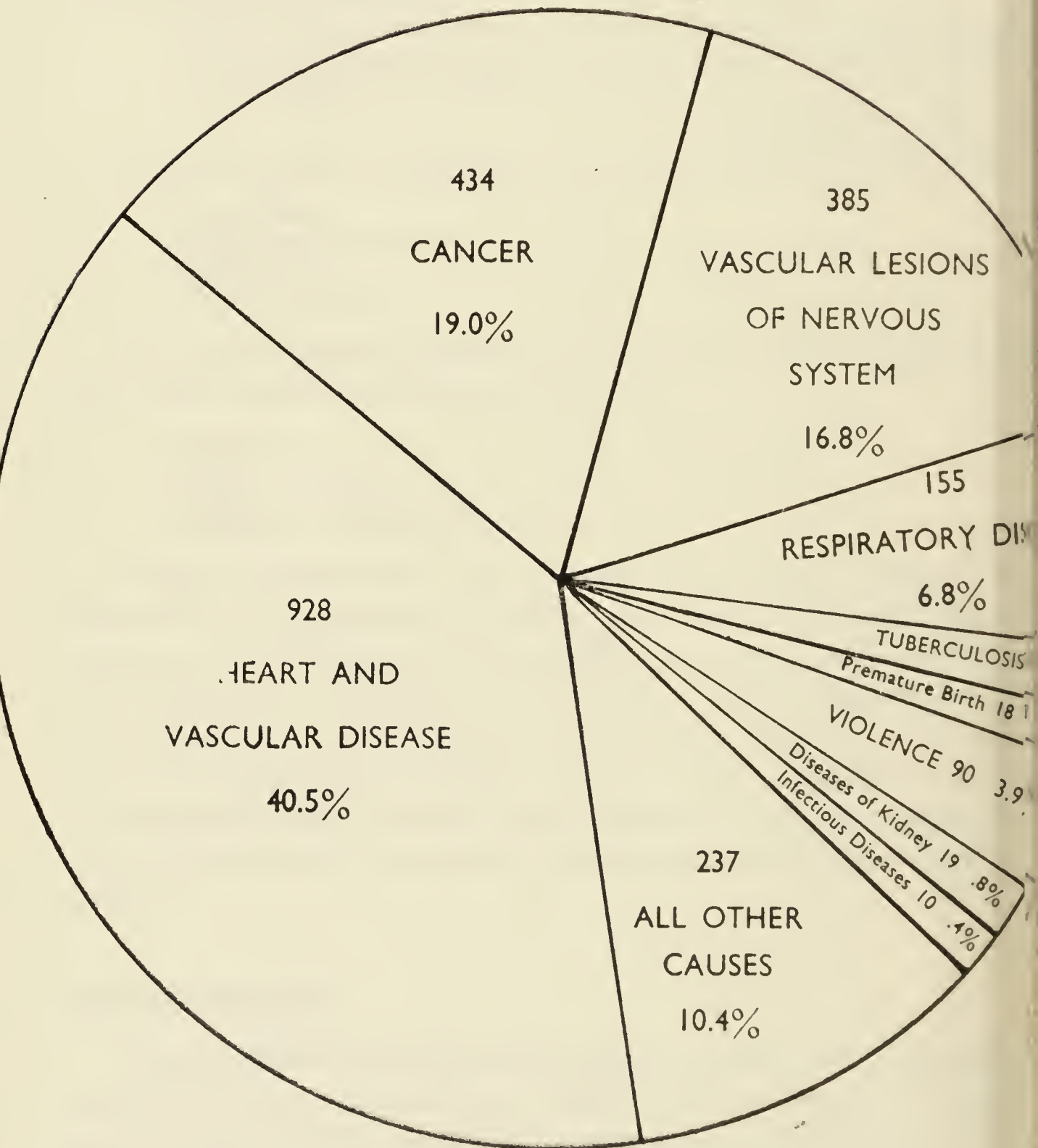
During 1955 two maternal deaths were assigned to the Borough, the first to have occurred since 1952. In one of these, a woman aged 30 years, a severe and fatal hæmorrhage developed in hospital whilst giving birth to a stillborn baby. The second case was a very unusual one, a woman aged 62 years, who died of kidney disease

alleged to have followed a pregnancy some years prior to 1936. The Registrar General stated that the International Statistical Classification required this death to be assigned to maternal causes however long the period between pregnancy and death, but it would seem that some reasonable limit should be set upon this period, otherwise there must always be the possibility of intercurrent disease.

Maternal mortality rate 1955	...	1.28 per 1000 total births.
Maternal mortality England and Wales		
1955	... ..	0.64 per 1000 total births.

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1955.

Total Deaths, 2290



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING THE YEAR 1955

Causes of Death	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
All Causes	2290	23	2	2	9	45	418	598	1193
1—Tuberculosis, respiratory ...	12	...	...	...	1	3	4	2	2
2—Tuberculosis, other ...	2	...	...	...	...	1	...	...	1
3—Syphilitic disease ...	4	...	...	...	...	...	...	2	2
4—Diphtheria ...	...	...	...	...	...	...	...	...	...
5—Whooping Cough ...	...	...	...	...	...	...	...	...	...
6—Meningococcal infections ...	...	...	...	...	...	...	...	...	...
7—Acute poliomyelitis ...	4	...	...	1	2	...	...	1	...
8—Measles ...	...	...	...	...	...	...	...	...	...
9—Other infective and parasitic diseases ...	2	...	...	...	...	1	1	...	...
10—Malignant neoplasm stomach ...	69	...	...	...	1	1	17	27	23
11—Malignant neoplasm, lung, bronchus ...	68	...	...	...	...	2	37	19	10
12—Malignant neoplasm, breast	54	...	...	...	...	2	22	11	19
13—Malignant neoplasm, uterus	13	...	...	...	...	3	5	2	3
14—Other malignant and lym- phatic neoplasms ...	230	1	...	...	1	3	67	72	86
15—Leukaemia, aleukaemia ...	11	...	...	...	1	1	5	1	3
16—Diabetes ...	6	...	...	...	...	...	1	...	5
17—Vascular lesions of nervous system ...	385	...	...	...	...	1	38	110	236
18—Coronary disease, angina ...	328	...	...	...	...	4	67	114	143
19—Hypertension with heart disease ...	77	...	...	...	...	...	10	20	47
20—Other heart disease ...	413	...	...	...	...	3	36	80	294
21—Other circulatory disease ...	110	...	...	...	...	...	14	24	72
22—Influenza ...	7	...	...	...	...	...	2	2	3
23—Pneumonia ...	59	3	...	...	...	...	6	9	41
24—Bronchitis ...	77	...	...	...	...	...	16	24	37
25—Other diseases of respiratory system ...	19	...	...	...	...	...	6	6	7
26—Ulcer of stomach and duodenum ...	28	...	...	...	...	...	3	6	19
27—Gastritis, enteritis and diarrhoea ...	10	...	...	...	...	1	1	5	3
28—Nephritis and nephrosis ...	19	...	...	...	1	3	1	4	10
29—Hyperplasia of prostate ...	19	...	...	...	...	...	1	4	14
30—Pregnancy, childbirth, abortion ...	2	...	...	...	...	1	1	...	...
31—Congenital malformations	8	5	...	...	...	1	...	1	1
32—Other defined and ill-defined diseases ...	164	13	...	...	...	6	39	33	73
33—Motor vehicle accidents ...	17	...	...	...	1	3	6	3	4
34—All other accidents ...	51	1	2	1	1	2	4	5	35
35—Suicide ...	20	...	...	...	...	3	8	9	...
36—Homicide and operations of war ...	2	...	...	...	...	...	...	2	...

DEATHS FROM PRINCIPAL CAUSES 1955

The tabular statement of causes of death and the diagrammatic analysis accompanying it show no major changes from 1954, although the death rate was rather higher. Diseases of the heart and arteries, cancer and chronic respiratory disease accounted for over 80 per cent. of all deaths, and 78 per cent. of all deaths were in persons over the age of 65 years, and 52 per cent. in persons over the age of 75 years.

The vast majority of deaths today are in elderly people, due to a progressive degeneration of some vital system or systems. It is therefore disquieting to realise that the largest single entity among causes of death when the great killers noted above have been excluded, is "violence" which accounted for 90 deaths in 1955, or nearly 4 per cent. of the total. This figure compared with an average of 79 "violent" deaths during the previous ten years.

Of the 17 deaths ascribed to motor vehicle accidents, 7 were over the age of 65 years, and 6 of these were pedestrians knocked down by a motor vehicle. The four young persons killed were in three cases the driver of a car or motor cycle, and in only one case a pedestrian.

Suicide accounted for 20 deaths, rather less than the previous 10 year average of 23. There were 3 persons between the ages of 25-45 ; 8 between the ages of 45-65, and 9 between the ages of 65-75. Ten of the cases were due to coal gas poisoning.

"Home Accidents", which caused the majority of violent deaths, occurred predominantly in the young and the old, and could in many cases have been avoided. Most of the 51 "All other accidents" causing death during 1955 occurred in the home, four of them being in children below the age of 15 years, and 40 in persons over the age of 65 years.

An analysis of these cases showed the following causes of death :

DEATHS DUE TO "ALL OTHER ACCIDENTS"

<i>Age</i>	<i>Accidents in the Home</i>	<i>Accidents Elsewhere</i>
0 - 1 ...	Coal Gas poisoning	—
1 - 5 ...	Inhalation of foreign body (2) ...	—
5 - 15 ...	Inhalation of foreign body ...	—
15 - 25	—	Drowning
25 - 45	Coal gas poisoning	Anaesthetic
45 - 65	Paraldehyde poisoning Barbiturate poisoning Fall in the house	Drowning
65 - 75	Coal gas poisoning (3) Fall in the house	Drowning
75 - ...	Coal gas poisoning (9) Fall in house (19) Fall in garden (2) Fall off roof Burns	Fall in road (3)
TOTAL All Ages	44	7

Notifiable Infectious Diseases—1955

With the exception of measles, the incidence of all other notifiable infectious disease remained low during 1955. There were 1,862 cases of measles compared with 29 in 1954, and 2,145 in 1953. This disease, which today is in a comparatively mild form, shows a well marked biennial epidemic trend, and many of the urban areas on the South Coast of England had epidemics of measles in 1955.

The incidence of scarlet fever and whooping cough was considerably lower—83 and 64 notifications being received respectively compared with 104 and 338 in 1954. There were no deaths from either disease but whooping cough is still a dangerous illness in young babies and even though it may not kill, it frequently leaves the child with a permanently damaged respiratory system. The value of immunisation against whooping cough lies not only in the

prevention of the illness in many cases, but in the reduction in the severity of symptoms in others.

There were 16 cases of poliomyelitis in 1955 compared with 2 in 1954. Nine of the cases developed paralysis and there were four deaths. The incidence of poliomyelitis is completely unpredictable and since the end of the war there have been four years when notifications were higher, 1947 (19 cases) ; 1949 (28 cases) ; 1950 (36 cases) and 1953 (55 cases).

There were three cases of paratyphoid fever, all apparently unconnected, and in no case could the origin of the infection be explained really satisfactorily. In two cases the infection was probably acquired outside the Borough.

There were 55 cases of food poisoning, and a special note has been made of the local investigations. There is no doubt that food infections and dysentery are very common, and the notifications received must be only a fraction of the whole.

Food Poisoning

Although 55 cases of food poisoning were notified in 1955, this probably represented only a fraction of the number suffering from this condition. All cases were fully investigated and suspected food material (where available) was sent to the Public Health Laboratory together with specimens from the patients.

The food poisoning organisms involved were :

Salmonella organisms	34
Cl. welchii	13
Gram positive organisms (no further identification)	7
Staphylococci	1
	—
	55
	—
The cases occurred in Hotels and Boarding houses	30
Boarding School	13
Private residences	12
	—
	55
	—

Most of the cases occurred during the late Summer and early Autumn, notifications being received as follows :

February	...	...	...	2
July	...	...	...	7
August	...	...	...	2
September	...	...	...	30
October	...	...	...	14
				<hr/>
				55
				<hr/>

The foodstuffs causing the illnesses were :

Cold roast beef and mutton	...	...	30 cases
Steak and Kidney pie	...	...	13 cases
Corned beef sandwiches	...	...	5 cases
Pork pie	...	...	2 cases
Not definitely ascertained	...	...	5 cases
			<hr/>
			55 cases
			<hr/>

There were, in addition, four outbreaks of vomiting in hotels which affected 168 persons, and were thought to be of virus origin. These cases of illness were similar to those of "Epidemic Winter Vomiting" recorded elsewhere, and the Ministry of Health agreed with this diagnosis.

**NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS WHICH
OCCURRED DURING THE YEAR 1955**

Disease	Total of cases notified	Total deaths
Scarlet Fever	83	—
Whooping Cough	64	—
Acute Poliomyelitis—		
Paralytic	9	4
Non-Paralytic	7	—
Measles	1862	—
Diphtheria	—	—
Acute Pneumonia	53	59
Dysentery	—	—
Paratyphoid Fever	3	—
Erysipelas	8	—
Meningococcal Infection	1	—
Food Poisoning	55	—
Puerperal Pyrexia	27	—
Ophthalmia Neonatorum	5	—
Scabies	13	—
Malaria	—	—
Acute Encephalitis	2	—

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1955

Notifiable Disease	Number of Cases Notified							
	At Ages—Years							
	At all ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards
Scarlet Fever	83	—	22	57	3	1	—	—
Whooping Cough... ..	64	5	28	30	1	—	—	—
Acute Poliomyelitis—Paralytic	9	—	2	1	3	3	—	—
Non-Paralytic	7	—	1	3	3	—	—	—
Measles	1862	56	828	966	6	6	—	—
Diphtheria	—	—	—	—	—	—	—	—
Acute Pneumonia	53	3	4	4	1	5	13	23
Dysentery	—	—	—	—	—	—	—	—
Paratyphoid Fever	3	—	—	—	1	2	—	—
Erysipelas	8	—	—	1	—	2	3	2
Meningococcal Infection	1	—	1	—	—	—	—	—
Food Poisoning	55	1	5	11	13	15	9	1
Puerperal Pyrexia	27	—	—	—	9	18	—	—
Ophthalmia Neonatorum	5	5	—	—	—	—	—	—
Scabies	13	—	4	1	4	2	2	—
Malaria	—	—	—	—	—	—	—	—
Acute Encephalitis	2	—	—	2	—	—	—	—

Tuberculosis in Bournemouth

During the year 117 cases of pulmonary and 9 cases of non-pulmonary tuberculosis were notified in the Borough, and there were 12 and 2 deaths respectively from these conditions.

A summary of the notifications and deaths from tuberculosis during the last ten years shows little variation in the notifications of pulmonary tuberculosis, a gradual decline in the notifications of non-pulmonary tuberculosis, and a very significant fall in the number of deaths from both forms of the disease.

			New cases		Deaths	
				Non-		Non-
			Respiratory	Respiratory	Respiratory	Respiratory
1946	...	...	113	27	57	10
1947	...	...	124	25	45	13
1948	...	...	118	16	67	6
1949	...	...	109	18	54	8
1950	...	...	80	11	46	1
1951	...	...	127	13	37	2
1952	...	...	141	17	33	5
1953	...	...	98	17	20	2
1954	...	...	136	16	28	—
1955	...	...	117	9	12	2

Briefly, the high incidence of new cases of tuberculosis is due to the influence of war time conditions and to the great energy shown by Chest Physicians and others in developing new case finding methods. Mass Miniature Radiography was introduced in this country in 1943, and whereas in 1944-5 only about 2 per cent. of new cases were detected by this method, its contribution had increased to over 20 per cent. in 1953. Other case finding methods such as the examination of contacts and the tuberculin testing of school children have also been fruitful means of diagnosing tuberculosis in an early, treatable stage of the disease.

Early notification of tuberculosis is of prime importance. Not only does it give the Medical Officer of Health an opportunity of tracing sources of infection and improving the social conditions of the patient and his family, but the patient himself is immediately placed within reach of a wide variety of benefits including those of expert medical care. There is unfortunately far too much laxity in the diagnosis and notification of tuberculosis in the elderly and aged, who may often be found to be infectious and capable of widespread dissemination of the disease.

The gradual decline of non-pulmonary tuberculosis has been caused by a combination of conditions, a great improvement in the

social and economic standards of the people, the segregation of infectious cases of tuberculosis in sanatoria, and the greatly reduced consumption of raw milk.

The location of non-pulmonary tuberculosis in patients of all ages who were notified in Bournemouth during 1955 was :

LOCATION					Male	Female	Total
Bones and Joints	...	...	...		2	—	2
Genito-Urinary System	...	...	...		1	2	3
Glands ...	...	...	...		—	3	3
Meninges and Central Nervous System	...				1	—	1
Totals	...	...	...		4	5	9

The dramatic reduction in the death rate from all forms of tuberculosis has been largely due to improved methods of treatment allied to earlier diagnosis. The length of treatment in sanatoria has been reduced, and this shorter period of hospitalization followed by domiciliary treatment is much more acceptable to the patient than the long period in a sanatorium that was the practice a few years ago.

Dr. W. H. Tattersall, the Senior Chest Physician in Bournemouth, has dealt with the problem of tuberculosis at some length in his Report which follows, and Dr. J. Stuart Robertson has commented on the work of the Mass Radiography Unit in Bournemouth.

Detailed statistics of new cases of Tuberculosis notified in Bournemouth during 1955 follow :

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

Age periods (years)	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and up- wards	Total (all ages)
Respiratory—														
Males ...	—	—	3	1	—	2	8	9	15	9	13	2	4	66
Females ...	—	—	—	1	1	4	4	10	12	8	4	4	3	51
Non-Respiratory—														
Males ...	—	—	—	1	—	1	—	—	—	—	—	2	—	4
Females ...	—	—	1	—	—	1	2	—	—	—	—	1	—	5

Particulars of new cases of Tuberculosis notified, and deaths from the disease of Bournemouth residents.

	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1-5 years	3	—	—	1	—	—	—	—
5-15 „ ...	1	2	1	—	—	—	—	—
15-25 „ ...	10	8	1	3	—	1	—	—
25-45 „ ...	24	22	—	—	2	1	1	—
45-65 „ ...	22	12	—	—	1	3	—	—
65-75 „ ...	2	4	2	1	2	—	—	—
75 and upwards ...	4	3	—	—	1	1	—	1
Totals ..	66	51	4	5	6	6	1	1

SECTION 172 OF THE PUBLIC HEALTH ACT, 1936— RELATING TO THE COMPULSORY REMOVAL TO HOSPITAL OF PERSONS SUFFERING FROM TUBERCULOSIS

No action has been taken.

PUBLIC HEALTH (Prevention of Tuberculosis) REGULATIONS 1925 — RELATING TO PERSONS SUFFERING FROM TUBERCULOSIS IN THE MILK TRADE

No action has been required.

Report by Dr. W. H. Tattersall, Consultant Chest Physician.

Tuberculosis in Bournemouth, 1955.

1. Chest Clinic Attendances

The following table shows the attendances during the past six years :

TABLE I.
CLINIC ATTENDANCES IN SERIAL YEARS

Year	Patients attending for the first time		Refill Treat- ments	B.C.G. Vacci- nations	Other Atten- dances	Total Atten- dances
	Fluoros- copy	Other sources (incl. contacts)				
1950	—	1,373	1,286	{ 171	3,231	5,890
1951	1,158	1,102	1,870		3,991	8,121
1952	1,634	1,281	2,733	115	2,378	8,026
1953	1,741	1,297	3,345	200	4,171	10,550
1954	2,274	1,075	3,639	240	4,221	11,449
1955	1,997	1,135	2,651	349	4,192	9,975

2. Out-Patient Clinical Sessions

Fluoroscopy clinics :

Monday, 6 p.m. (at the Royal Victoria Hospital, Boscombe)
Tuesday 9.30 a.m., Thursday 9.30 a.m. and 2.30 p.m. at the
Chest Clinic.

Wednesday, 9 a.m. and Thursday 6 p.m. (at Somerley Road).

New Patients, Friday 9.30 a.m.

Old patients, Monday 2 p.m., Tuesday 9.30 a.m., and Thursday
6 p.m.

Contacts and children, Monday 9.30 a.m.

Refills, Tuesday 2 p.m., and Wednesday 9.30 a.m.

Physiotherapy clinic, Thursday 2 p.m.

An additional diagnostic fluoroscopy session was introduced on Wednesdays at 9 a.m. at Somerley Road in March, and a Physiotherapy clinic on Thursdays at 2 p.m., was also introduced early in the year. The session for contacts and children was changed from Fridays to Monday mornings with some misgivings as to the inconvenience that it might cause to busy mothers, but this has not led to any adverse comment.

Because of repairs no fluoroscopy clinics could be held at Somerley Road during January and February, and because of re-decoration the fluoroscopy clinic at Boscombe Hospital had unfortunately to be suspended for six months from the 1st April to the beginning of October. It will be noticed in Table I that the

attendances for fluoroscopy fell by 12 per cent. in 1955 in contrast to the previous four years, which had each showed an increase, and also there was an increase in the new patients coming to the Clinic by appointment with a Doctor's letter. It would appear, therefore, that general practitioners, instead of advising their patients to attend the remaining available fluoroscopy sessions during that period, often referred them directly to the Chest Clinic with an appointment for full investigation instead.

The monthly surgical conferences with Mr. E. F. Chin, F.R.C.S. have continued and are exceedingly valuable. The fortnightly social conferences between the representatives of the Ministry of Labour, National Assistance Board, the Care Committee, and the Public Health Department, with the Almoner, Occupational Therapist, Tuberculosis Visitors and Doctors have also continued.

3. Chest Clinic Staff and Equipment

There have been no changes in the Clinic staff during the year.

There have been no important changes in the equipment of the Clinic.

TABLE II.

New Cases in 1955 according to diagnosis and source referring the patient.

	From 1,997 persons seen at Fluoroscopy Clinics	General Practitioner	Contacts	Mass Radiography	General Hospitals	School Health Service	From other Districts	Other Sources	TOTAL	Group Totals
No organic disease found	99	61	—	—	6	7	4	64	241	
Acute pulmonary illness	80	27	—	1	—	—	—	3	111	
Chronic bronchitis and bronchiectasis	55	30	—	3	2	—	1	7	98	
Lung cancer	30	6	—	3	1	—	—	1	41	
Other pulmonary con- ditions (excluding tuberculosis)	52	20	—	4	1	—	1	2	80	
Other diseases (exclu- ding tuberculosis	43	20	—	—	1	1	—	—	65	
Total	359	164	—	11	11	8	6	77		636
TUBERCULOSIS										
Non-pulmonary (inclu- ding miliary and Meningitis)	2	—	—	—	3	—	5	1	11	
Pulmonary : sputum negative (including healed and primary cases and pleural effusions)	48	24	16	7	11	—	32	16	154	
Pulmonary : sputum or swab positive	27	13	3	4	6	—	53	11	117	
Total	77	37	19	11	20	—	90	28		*282
Still under observa- tion										6
Diagnosis unable to be concluded										7
TUBERCULOSIS CONTACTS										
Of sputum positive cases (3.4 contacts per case)									394	
Of sputum negative cases (4.2 contacts per notified new case)									267	
Of unclassified cases									34	
TOTAL										695
TOTAL										1626

* Of these, 181 were notified, and, in addition, 35 cases diagnosed in previous years were also notified in 1955.

4. New Cases in 1955

The data in the foregoing table show few significant changes from the corresponding numbers in the previous year. There is about a 25 per cent. increase in the number of new cases of non-tuberculous illness referred, a fall in the cases coming from Mass Radiography which last year had amounted to 50, and it is the first year for some time that the School Health Service has not contributed to the discovery of any tuberculosis.

5. Ancillary Investigations

These are shown in tabular form as follows :

TABLE III.

Certain Ancillary Investigations

Total X-ray films	8,699	Total sputum specimens	1,244
Tomograms	376	of which cultured ...	1,094
Bronchograms	67	Laryngeal swabs	972
X-rays at Linford Sanatorium	313	Drug sensitivities	50
X-rays at Herbert Sanatorium	426	Bronchoscopies	44

6. Discharges

The discharges of patients from clinical supervision are shown in Table IV.

TABLE IV.

Cases discharged from clinical supervision during 1955

	After initial investi- gation	After a period of super- vision	Lost sight of	Left the District	Died	Total
NON-TUBERCULOUS	390	133	31	7	20	581
TUBERCULOSIS						
Sputum negative	8	13	24	38	3*	86
Sputum positive	2	2	11	37	13	65
Contacts	412	81	31	17	—	541
TOTAL	812	229	97	99	36	1273

* Of the deaths due to tuberculosis, two occurred in patients not notified during life : one diagnosis was only made at postmortem examination and the other was satisfactorily accounted for.

7. Lung Cancer

Table II shows that 41 cases were diagnosed at the Chest Clinic in 1955 as compared with 39 in 1954, and 34 in 1953. Of the deaths from this disease in Bournemouth during 1955, 18 had been diagnosed at the Chest Clinic.

8. Chronic Bronchitis

The incidence of this condition in Great Britain is highest in the big industrial areas where it is aggravated by "smog". Bournemouth, for many years, has been a resort to which such patients are rightly attracted because of its climate, and in recent years clinical developments have suggested that more can be done to relieve some of these patients with the discreet use of modern antibiotics and physiotherapy. There are 97 people with bronchitis or bronchiectasis now under supervision on an out-patient basis, and a weekly out-patient session of physiotherapy has been started to help suitable patients.

9. Hospital Beds

The six beds at Christchurch Hospital for diagnostic purposes have frequently been fully occupied, so that on occasions there has been some inconvenient delay before being able to admit a case for investigation. During 1955, 70 patients were treated in these very useful beds, as compared with 48 in 1954. This is again a ratio of 1 in 5 of new patients with non-tuberculous pulmonary illness. However, as already pointed out, in 1955 about 100 more such cases were diagnosed at the Clinic than in the previous year, and if this increase in the number of patients requiring investigation in a general hospital increases further, it will be difficult to achieve unless more beds can be made available.

During the Summer the Regional Hospital Board decided that Linford Sanatorium would probably be closed during 1956, and, because of this, during the Autumn a gradual reduction in the number of patients there was effected.

The 30 beds at the Herbert Sanatorium were increased in the Autumn to 33. There is need in this hospital for more single-bedded cubicles, especially with the imminent prospect of losing

the useful single rooms at Linford. During 1955, 115 patients were admitted to these two hospitals for treatment, and 34 Bournemouth patients have been admitted to the Royal National Sanatorium. It is likely that in future more Bournemouth patients may be able to undergo treatment in this historic sanatorium. In these days when it is widely known that the treatment of tuberculosis depends more and more on the proper use and combination of modern drugs, many patients rightly prefer to be treated near home than to enter a distant, and often inaccessible hospital. In 1955, only 8 people preferred to be treated away from their home town.

Major thoracic surgical operations for tuberculosis were arranged for 53 patients, who usually returned to complete their convalescence in Bournemouth.

10. Home Treatment

It has now become widely recognised that in many cases of tuberculosis, drug treatment can be continued with great advantage for many months; fortunately it is not always necessary for the patient to remain in hospital all this time and the number of patients who have left hospital to continue and conclude their treatment at home has very substantially increased in 1955. This is a happy development for the patient, but it does make medical surveillance more complicated and this can only be achieved by the closest co-operation between the patient and his family on the one hand with doctors, nurses and all the various helpers on the other hand. The Local Health Authority obviously has a substantial part to play in providing for the full and adequate care of these patients. Their number increased from 20 at the beginning of 1955 to over 100 at the end of the year, and is likely to increase yet further.

11. Tuberculosis

On a national scale the decline in new cases of tuberculosis that was anticipated in this report last year, seems to have begun to last, but the Bournemouth data do not show any significant change. There were 282 cases of tuberculosis (Table II) in 1955 compared with 309 in 1954 and 297 in 1953. Of these, 64 were newly discovered sputum positive cases occurring in Bournemouth compared with 52 in 1954 and 41 in 1953.

There are now 1,327 tuberculous persons under supervision at the Bournemouth Clinic as compared with 1,200 at the end of 1954 and 1,121 at the end of 1953. Of these, 609 have, at some time, been sputum positive, but strict bacteriological tests have shown that 286 of these are now rendered non-infectious.

At the end of the year there were 115 insured Bournemouth persons known by the Almoner to be in receipt of sickness benefit for tuberculosis.

12. Results of Treatment

TABLE V

Results of treatment of all sputum positive tuberculosis patients on Chest Clinic Register on 31st December, 1955.

	Major Surgery (with chemotherapy in most cases)	A.P., P.P. or Phrenic interrup- tion	Only chemo- therapy	Other measures only	Total
Persistently sputum positive	5 (4%)	9 (6%)	16	14	44 (7%)
Doubtful infectivity	41 (31%)	37 (24%)	42	159	279 (46%)
No longer infectious	87 (65%)	111 (70%)	27	61	286 (47%)
TOTAL	133	157	85	234	609

Table V shows the very satisfactory and encouraging results of all the combined effort to control tuberculosis in the town, showing that 47 per cent. of patients who have been sputum positive have now definitely become non-infectious as compared with 43 per cent. in 1954 and 29 per cent. in 1953. As stated last year, it still seems not unreasonable to anticipate that for several years yet this proportion of successful results will continue to increase.

13. Housing of Tuberculosis Cases

As last year, approximately 60 per cent. of Bournemouth tuberculosis patients have good home circumstances.

During 1955, 21 tuberculosis families were re-housed by the Borough Council, a commendable increase on previous years.

14. Rehabilitation

The Disablement Resettlement Officer found suitable work for 39 "ex-patients" on the Chest Physician's recommendation, in contrast to 16 who found suitable new work by their own efforts. Vocational training was arranged for 5 others, of whom 2 terminated training before it was satisfactorily completed.

15. Contact Supervision

Table II has shown that 695 persons were examined for the first time during the year as contacts of known patients. Of the new cases of tuberculosis diagnosed by contact examination, 17 occurred among this group in contrast to only 2 who were found to have developed tuberculosis after having been under regular surveillance as a contact for some time.

During 1955 an effort was made to determine whether this group of contacts under extended surveillance would prefer, or even acquiesce, to attend the Mass Radiography Unit rather than the Chest Clinic at intervals for their X-ray ; three times a suitable number of such people who were due for a check were invited to Mass Radiography. On the first occasion 45 per cent. attended, on the second occasion 50 per cent. attended, and on the third occasion 60 per cent. attended the Mass Radiography Unit. In view of this disappointing result, it was then determined that all contact examinations should continue to be made at the Chest Clinic.

For some time it has seemed illogical that whereas very considerable efforts may be made to persuade the immediate household contacts or close relatives of a patient to attend for contact examination, if such people had recently left the household or migrated from the town they were generally overlooked ! Early in the year, therefore, the practice was adopted of seeking the patient's permission to ask Chest Physicians in other areas to examine their relatives and close friends living in other places. Although a few patients are reluctant to disclose such particulars, on the whole it has been surprisingly gratifying to find that many have welcomed this suggestion. This scheme has brought to light one case of pulmonary tuberculosis, though there may be others that are not known about. Tubercle bacilli do not respect Local Authority boundaries or clinic areas, and it seems entirely logical that the anti-tuberculosis campaign should also know no bounds.

TABLE VI.
HEALTHY PERSONS REMAINING UNDER CONTACT SUPERVISION ON 1st JANUARY, 1956.

	Tuberculin Reaction				Total	Year Surveillance Began					
	Positive	B.C.G. given	Still Negative	Not known		Before 1951	1951	1952	1953	1954	1955
Contacts of positive cases—											
aged 0-5 ...	12	77	20	4	113	17	15	9	18	19	35
5-14 ...	81	38	11	11	141	40	24	17	7	27	26
15-34 ...	226	42	8	45	321	59	38	26	26	58	114
35 and over ...	19	—	2	11	32	4	—	1	8	3	16
Contacts of negative cases ...	65	80	21	18	184	10	15	32	28	36	63
Contacts of unclassified cases ...	27	10	4	5	46	2	7	5	4	21	7
TOTALS ...	430	247	66	94	837	132	99	90	91	164	261

16. Tuberculin Testing of School Children

An important contribution to the British pioneer work in case finding in this field was carried out in Bournemouth at the initiative of Dr. MacDougall. However, an important difficulty arose in that the accuracy of the tuberculin jelly test was found to be inadequate on which to give responsible advice to the parents of tested children. Because of this in the Michaelmas term of 1955, instead of jelly testing all school entrants, it was decided to tuberculin test a limited number of school children with the skin puncture apparatus which is now widely used. Unfortunately, for certain reasons, this survey failed utterly. It is to be hoped that this slight setback will not lead to this valuable work being abandoned by the Bournemouth Local Health Authority. Since the earlier work in this town, the tuberculin testing of all school entrants has been recommended to all School Health Authorities by the Ministry of Health. There is no doubt that the tuberculin testing of school entrant children constitutes a valuable public health measure and is well worth the expenditure of considerable time and trouble. The cost is trifling as compared with Mass Radiography where each new case discovered costs £100 and is thought to be well worthwhile.

Significant tuberculous illness is, of course, rare in children. In the last five years only 17 children in Bournemouth have been diagnosed requiring hospital treatment in contrast to over 500 people at older ages. The important point is that by tuberculin testing the children, unknown infectious cases of adult tuberculosis may be found in their family circle who might well otherwise remain undiscovered, spreading the infection among their friends.

17. Infectious Tuberculous Persons

In the Summer of 1955, apart from patients in hospital, there were 47 people in Bournemouth known to be chronic potential spreaders of tuberculosis germs by coughing. Of the 35 men, only six were at work, and these were earning their living under perfectly satisfactory circumstances. The remaining 29 men, together with the 12 women were "at leisure", sometimes rather less, sometimes rather more, confined to their homes. The majority of these had good home circumstances, but nevertheless one wonders to what extent new tuberculosis patients may inadvertently owe their infection to these unfortunate people.

18. Hospital Staff

Apart from one nurse who developed tuberculous glands in the neck, there have been no new cases of tuberculosis on the staffs of the general hospitals or maternity homes in the town. However there have been several new cases of tuberculosis occurring among the nursing and domestic staffs of the Sanatoria, though it would appear on enquiry that these are probably fortuitous occurrences.

19. Clinic Register

Table VII shows the classification of all persons remaining under supervision at the Clinic on the 31st December, 1955.

TABLE VII
The Clinic Register on 31st December, 1955

	No. of cases		No. of cases
TUBERCULOSIS		NON-TUBERCULOUS	
Healed disease	99	No organic disease ...	22
Primary infection ...	30	Acute pulmonary illness ...	33
Pleural Effusions ...	20	Chronic bronchitis ...	24
Pulmonary, sputum negative	498	Bronchiectasis	73
sputum positive	609	Lung Cancer	25
Non-pulmonary (including generalised disease) ...	71	Other pulmonary conditions	97
		Other diseases	20
TOTAL	1327	TOTAL	294
CONTACTS	837	OBSERVATIONS	6
		TOTAL UNDER SUPERVISION	2464

TUBERCULOSIS

**Report by Dr. J. Stuart Robertson, Medical Director,
Mass Radiography Unit**

The Unit based in Bournemouth provides a service additional to that for the Borough, for the County of Dorset, a large part of Hampshire and parts of Wiltshire. By arrangement with the Regional Hospital Board the Unit also participated in a special three months' survey in Southampton, which lies outside our allotted boundaries. In the circumstances, and due to commitment in this wide area, no large scale surveys were undertaken in the Borough during the year.

Excluding some one thousand National Service recruits who attended at Base premises, but who for the most part are domiciled outside the Borough, and 151 contacts examined for the local Chest Clinic, facilities were such that less than two thousand of the resident population could be examined. This survey took place at the end of the year, and the statistics are not yet available.

It is hoped next year to carry out several surveys from various centres in the Borough.

Maternity and Child Welfare

(Care of Mothers and Young Children)

At the end of 1955 there were 14 Infant Welfare Centres in the Borough, providing 17 clinic sessions weekly. An additional session was commenced at Pelhams for Northbourne children, and with the exception of Pelhams (2 sessions), Winton (2 sessions) and 70 Stewart Road (2 sessions) all other Centres provided one Infant Welfare session weekly, attended by a doctor and two health visitors.

Two of the Centres, Avebury and Pelhams, also provided Ante-natal and Post-natal supervision for expectant mothers, a total of three clinics being held weekly. All centres were as far as possible located so that few mothers and children had an unreasonably long journey to make, but a number of the Centres are far from satisfactory, and there is a great and urgent need for specially built premises in the developing areas of the Borough.

During 1955 the total attendances made by children under 5 years of age were 38,202, compared with 37,920 in 1954. Ante-natal attendances, however, declined from 1311 to 956.

In Bournemouth, as in most County Boroughs, ante-natal supervision is provided by each of the three branches of the National Health Service. It is provided by the Royal Victoria Hospital, on the application of doctors, primarily for those cases likely to require confinement in hospital owing to some medical or obstetrical abnormality. The hospital ante-natal clinic serves also as an advisory clinic where doctors can send difficult cases for an opinion.

Ante-natal care is also provided by general medical practitioners and a number of them hold special clinics in their own surgery

premises, attended in some cases by a health visitor ; it is also provided by midwives, whether in domiciliary practice or employed by maternity hospitals such as Aston Grays ; and finally, ante-natal supervision is provided by the local health authority.

In theory, the needs of the expectant mother are very adequately covered. There would even seem to be a possibility of too much care rather than too little, for every expectant mother booking a doctor and a midwife for her confinement should receive ante-natal care from both of them. Occasionally, the hospital clinic may be called in consultation, and a third source of ante-natal supervision may be provided for the same patient. The danger lies in a lack of liaison between those engaged to provide ante-natal care, so that each leaves it to the other, and the expectant mother, far from receiving a superfluity of care, may receive little, if any.

Ante-natal care also varies in quality, and many expectant mothers have no previous experience to guide them in assessing quality. The standard of the best teaching hospital obstetrical department calls for some 8-10 examinations during the average pregnancy, combined with X-ray, blood and other investigations where necessary. The results of these investigations should be, and almost invariably are, sent to the patient's own doctor.

The local health authority clinic has the advantage over other forms of ante-natal care in being able to combine clinical supervision with health education, and it seems little short of a tragedy that the National Health Service Act, designed to raise the standard of medical care, should have had the effect of reducing the calls upon the most generally useful form of ante-natal supervision.

BIRTHS OCCURRING IN BOURNEMOUTH, 1955.

	1950		1951		1952		1953		1954		1955	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Domiciliary Births	465	20.5	433	21.2	436	23.4	502	26.8	571	31.2	473	27.0
Institutional Births	1810	79.5	1556	78.8	1425	76.6	1366	73.2	1261	68.8	1282	73.0
TOTALS	2275	100	1989	100	1861	100	1868	100	1832	100	1755	100

During 1955 the following births were notified as occurring in the Borough :

Domiciliary births	...	...	473
Institutional births	...	...	1282
Royal Victoria Hospital	...		589
Aston Grays Maternity Home			373
Free Church Council			
Maternity Home			24
Private Nursing Homes			296
			<hr/>
			1282
			<hr/>
TOTAL	...		<hr/> 1755

This total is 77 less than in 1954, there having been a small increase in the number of institutional births (21) and a reduction in the number of domiciliary births of 98.

Infectious Diseases Associated with Childbirth

There were 27 cases of puerperal pyrexia compared with 43 cases in 1954, 24 of the cases occurring in institutions and 3 in the home.

There were 5 cases of ophthalmia neonatorum compared with 2 cases in 1954. Three cases occurred in institutional and two in domiciliary practice.

Ante-Natal Clinics provided by the local authority

During the year, two ante-natal clinics were provided each week at Avebury and one at Pelhams. All clinics were staffed by a medical officer and two health visitors.

The declining attendances at these clinics, which was commented on in the last Annual Report, have continued :

	1950	1951	1952	1953	1954	1955
Patients ...	667	576	554	556	540	465
Attendances	1961	1560	1456	1347	1311	956

These are very low attendances indeed, and in 1955 the average attendance per clinic was only about 6 patients, which included a number of women who had come solely for blood samples to be taken. The statistics for 1955 also show that each patient made an average of only two attendances at the clinic, which is again an indication of the large number making a single visit for the purpose

of a blood test, and the comparatively small number coming for complete ante-natal care.

The standing Maternity and Midwifery Advisory Committee of the Central Health Services Council has recently published a memorandum on Ante-Natal Care related to Toxaemia, in which the pattern of correct ante-natal supervision is mapped out and all branches of the National Health Service have been asked to work together to ensure that this is available to all expectant mothers. It is to be feared, however, that unless some strong Ministry direction is forthcoming, the present unsatisfactory position will continue.

Mothercraft and Relaxation Classes

Mothercraft Classes, a series of 8 talks covering all the needs of the expectant mother, were attended by 390 women in 1955, and 87 expectant mothers attended Relaxation Classes. These classes are becoming increasingly popular and are being extended as quickly as possible.

Laboratory Tests

Samples of blood for determination of the Wassermann reaction and Rhesus Factor were submitted to the Laboratory from all women attending the Ante-Natal Clinics.

Family Planning

The Family Planning Association has continued weekly clinics at Avebury, and in March, 1955, a twice monthly session was commenced at Pelhams. The Association receives a grant from the Council for cases approved on medical grounds and 37 cases were treated on this basis during 1955, compared with 23 cases in the previous year.

Infant Welfare Centres

In marked contrast to the ante-natal clinics held by the local authority, Infant Welfare Centres have continued to thrive, and in many cases have increased in popularity. An additional session (Northbourne Clinic) was commenced during the latter part of the

year at Pelhams, and proved highly successful. One of the great difficulties lies in obtaining suitable premises for these clinics. Health Education, which forms so much of the work, needs many permanent displays of teaching material, and its value is greatly reduced in those centres where all displays have to be dismantled and locked away at the session end. The permanent Infant Welfare Centre, owned and maintained by the local authority, has a tremendous advantage over rented premises.

The Infant Welfare Clinics at Charminster, East Howe, Iford, Pelhams, Pokesdown, Winton and West Howe showed increased attendances during the year, in some cases of a substantial nature. All clinics were attended by a doctor and two health visitors, with the invaluable support of the ladies of the Bournemouth Infant Welfare Voluntary Association.

ATTENDANCES AT INFANT WELFARE CENTRES, 1955.

Clinic	Infants under 1 year	Pre- school Children	Total	Sessional Average
Avebury	1053	554	1607	32
Boscombe	1641	690	2331	45
Castle Lane	1374	1051	2425	47
Charminster	1401	802	2203	43
East Howe	1064	824	1888	37
Ensburv Park	1261	804	2065	40
Iford	1462	1027	2489	48
Malmesbury Park	1549	1158	2707	52
Moordown	1265	1007	2272	47
Northbourne	445	245	690	35
Pelhams	1714	1110	2824	54
Pokesdown	2156	1216	3372	65
Strouden	896	1123	2019	39
West Cliff	1356	945	2301	48
West Howe	1165	1164	2329	46
Winton (a.m.)	1254	601	1855	36
Winton (p.m.)	1458	1367	2825	55
	22,514	15,688	38,202	—

Ultra Violet Light Clinics

Ultra violet light treatment has continued to be provided by the physiotherapists of the Regional Hospital Board, working at the Malmesbury Park Clinic, Stewart Road. In all, 33 children under the age of 5 years made 567 attendances.

Welfare Foods

The responsibility for the distribution of these foods was transferred from the Ministry of Food to the local health authority in 1954, and were on sale at all Infant Welfare Centres during the year. Sales amounted to :

National Dried Milk (tins)	...	...	44,505.
Cod Liver Oil (bottles)	...	...	14,676.
Vitamin A. & D. tablets (packets)	...	...	5,652.
Orange juice (bottles)	...	...	79,387.

Nursery and Child Minders (Regulation) Act, 1948

There are 5 premises registered under this Act, providing accommodation for 91 children.

ADDRESS	No. and age of children accepted	HOURS OF OPENING
St. Ambrose Hall, Alumhurst Road	12. 2-5 years	9.30 a.m. to 12.30 p.m.
"Merryland", 5, Wellington Road	35. 2-5 years	9 a.m. to 4 p.m. excepting school holidays.
"The Thuyas", Hyde Road, Kinson	20. 2-5 years	8 a.m. to 6 p.m.
"Clynch", 81, Glen- ferness Avenue	14. 2-5 years	9.30 a.m. to 12.30 p.m. excepting school holidays.
27, Belvedere Road	10. 2-5 years	9.30 a.m. to 12.30 p.m.

Mother and Baby Homes

There is no Mother and Baby home provided by the local authority but two homes in Bournemouth conducted by voluntary religious organisations receive a grant from the Council. Social rehabilitation is invariably attempted, but a number of the girls insist on leaving soon after the birth of the baby, and it seems doubtful how effective rehabilitation can be in such cases.

Name and Address of Home or Hostel	Number of beds				Average length of stay	
	Total beds (excluding maternity and labour and cots)	Maternity (excluding labour and isolation)	Labour beds	Cots	Ante-natal	Post natal
Free Church Council Maternity and Training Home, 11, St. Alban's Avenue ...	14	4	1	8	6 weeks	6 weeks
St. Thomas Lodge, 12, Charminster Road	14	Nil	Nil	7	7 weeks	4 weeks

During the year 12 local girls were admitted to St. Thomas Lodge and 10 to the Free Church Council home. In addition, two local girls were maintained in Mother and Baby homes outside the Borough at the expense of the Local Authority.

Day Nurseries

At the beginning of the year the three Day Nurseries at Hadow Road, Wellington Road and Castlemain Avenue provided a total of 120 places, and in view of the declining attendances, which during the last six months of 1954 averaged only between 50-60 children (priority cases 52), the Health Committee decided to close two Day Nurseries and concentrate on one central nursery at Wellington Road. Hadow Road Day Nursery was, therefore, closed at the end of May, 1955, and Castlemain Avenue Day Nursery at the end of the following December.

One other alteration was the transfer of the Wellington Road Day Nursery from No. 31 to No. 10, in September, 1955, owing to the former lease expiring. The new premises were completely restored and modernised and have made an excellent central Day Nursery, capable of accommodating 40-45 children. Although parents of children attending the Hadow Road and Castlemain Avenue Day Nurseries were offered places at Wellington Road, comparatively few accepted them, and the average attendance at the end of the year was only about 20.

No outbreaks of infectious disease of any note occurred in Day Nurseries during the year, and the children were kept under regular medical and dental supervision.

Dental Treatment for Mothers and Young Children, 1955

Report by A. A. Wood, L.D.S., Principal Dental Surgeon.

General Observations

As in previous years, dental health education played a prominent part in the work of the Maternity and Child Welfare Dental Service.

Each of the four dental surgeons employed by the Bournemouth Local Authority devoted part of their time to the dental care of mothers and young children.

The dental health of the rising generation depends largely upon the attitude of parents towards care of the teeth and towards dentistry. Sound advice given to the mothers emphasising the importance of correct diet, a high standard of hygiene, regular dental supervision and early treatment of defective teeth, must have a very beneficial effect.

Many of the school children who attend the clinics had their first introduction to dentistry under the Maternity and Child Welfare Service, and they are nearly always very amenable and excellent patients.

Complete Treatment

The mothers and children who attended the clinics were most willingly given complete treatment and this was our objective always, but in some cases appointments were not kept and this prevented the completion of treatment.

Co-operation with Other Services

All the mothers attending the Ante-Natal Clinics were told by the doctors of the importance of their dental condition and those mothers who were not under the care of their own private dentists were referred to the dental clinics for examination, treatment being offered when necessary.

Mothers attending the Infant Welfare Centres were encouraged to bring their children regularly to the clinics for examination and treatment, and all the Infant Welfare Centres in the Borough were visited periodically by the dentists for the purpose of carrying out examinations and giving advice.

The three day nurseries were also visited periodically by the dentists during the year and treatment offered when required. The findings at these inspections will be found in the statistical part of this report.

Facilities for X-Rays

Radiographs were obtained by reference of the patients to the Radiologist at the Royal Victoria Hospital, Boscombe. I am pleased to record that early in the present year our own X-ray Unit was installed at the Central Clinic and is now in use.

Provision of Dentures

Dentures were made by the highly skilled technicians at the Royal Victoria Hospital, Boscombe, and the work produced was of a very high standard.

Maternity and Child Welfare

(a) NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	120	115	106	77
Children under five ...	761	327	292	272

(b) FORMS OF DENTAL TREATMENT PROVIDED

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Radio-graphs	Dentures provided	
		Local	General					Com-plete	Partial
Expectant and Nursing mothers	264	44	38	113	25	Nil	2	15	28
Children under five	210	8	105	600	Nil	108	—	Nil	Nil

TABLE SHOWING DENTAL CONDITION OF CHILDREN AT THE DAY NURSERIES—Year 1955

Wellington Road

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	11	—	190	—	—	—	—
3	2	—	40	—	—	—	—
4	6	3	108	7	4	1	12
Totals	19	3	338	7	4	1	12

East Howe Day Nursery

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	7	1	122	2	—	2	4
3	2	—	40	—	—	—	—
4	5	2	79	17	—	4	21
Totals	14	3	241	19	—	6	25

Southbourne Day Nursery

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	5	—	89	—	—	—	—
3	5	4	96	4	—	—	4
4	7	5	118	16	6	—	22
Totals	17	9	303	20	6	—	26

The Changing Population and some Local Problems

The population of England and Wales, which was below 9 millions at the time of the first census in 1801, has increased steadily though irregularly, and at the census of 1951 reached its highest recorded level of nearly 44 millions.

TABLE I. ENGLAND AND WALES—CENSUS POPULATIONS

Date of Census	Population of England and Wales	Decennial rate of increase % of population
1801	8,892,536	—
1811	10,164,256	14.00
1821	12,000,236	18.06
1831	13,896,797	15.80
1841	15,914,148	14.27
1851	17,927,609	12.65
1861	20,066,224	11.90
1871	22,712,266	13.21
1881	25,974,439	14.36
1891	29,002,525	11.65
1901	32,527,843	12.17
1911	36,070,492	10.89
1921	37,886,699	4.93
1931	39,952,377	5.53
1951	43,744,924	4.65

Populations increase naturally by reason of an excess of births over deaths, and although the death rate was high throughout the nineteenth century, the higher birth rate more than compensated for this, and the population increased rapidly. During the present century both the birth rate and the death rate have declined sharply, but unevenly, with the result that the population has continued to increase, although at a lower rate, and there has in consequence been a profound change in the composition of the population. Whereas the 19th and early 20th century populations contained a high proportion of young children and a comparatively small number of aged people, this disparity is now in course of adjustment, and in the not far distant future the dwindling child population is in some danger of being approached by that of the elderly and aged.

TABLE II. ENGLAND AND WALES—CERTAIN VITAL STATISTICS

Period	Birth Rate	Death Rate	Infant mortality rate	Expectation of life
1871-1880	35.4	21.4	149	Males 48. Females 52
1881-1890	32.4	19.1	142	
1891-1900	29.9	18.2	153	
1901-1910	27.2	15.4	128	
1911-1920	21.8	14.4	100	
1921-1930	18.3	12.1	72	Males 59. Females 63
1931-1940	14.9	12.3	59	
1941-1950	16.9	12.4	43	
1951	15.4	12.5	30	Males 66. Females 71
1952	15.3	11.3	28	
1953	15.4	11.4	27	
1954	15.1	11.3	25	
1955	15.0	11.7	24.9	

TABLE III.
ENGLAND AND WALES—PROPORTIONS OF POPULATION IN CERTAIN AGE GROUPS

<i>Census Year</i>	1861		1891		1921		1951 (1% sample)	
	<i>Number</i>	%	<i>Number</i>	%	<i>Number</i>	%	<i>Number</i>	%
<i>Age last Birthday</i>								
0 - 14 ...	7,150,024	35.6	10,172,235	35.1	10,500,455	27.7	9,732,800	22.2
15 - 39 ...	7,942,619	39.7	11,756,795	40.5	15,160,959	40.0	15,272,400	34.8
40 - 64 ...	4,041,774	20.1	5,700,893	19.7	9,934,180	26.2	13,951,100	31.9
65 + ...	931,807	4.6	1,372,602	4.7	2,291,105	6.1	4,788,400	11.1
TOTAL, ALL AGES	20,066,224	100.0	29,002,525	100.0	37,886,699	100.0	43,744,700	100.0

Table III shows in a striking way the changing composition of the population over the last 90 years. For every 10 children of school age in 1861, there are now 13 ; for every 10 persons aged 15-39 years in 1861, there are now 19 ; for every 10 persons aged 40-64 years in 1861, there are now 34 ; and for every 10 persons over the age of 65 years in 1861, there are now 51. In other words, the population is rapidly ageing and the declining birth rate has meant that there are proportionately fewer young persons becoming available to support the increasing burden of the aged. There were, in 1861, 13 persons of working age (15-64 years) to support each person over the age of 65 years ; in 1951 there were only six, and if present trends continue, there will be only 5 in twenty years' time. The school age population (the future working population) was numerically equal to more than half of the working population in 1861, in 1951 it was only a third, and in twenty years' time it will have declined to 30 per cent.

One other aspect of the problem might be mentioned. The population of working age has not only to support a greater number of aged persons than ever before, *but they must do this for a much longer period*, for the expectation of life is continually increasing.

TABLE IV.
ENGLAND AND WALES—NUMBERS OF PERSONS AGED 65 YEARS AND OVER

<i>Census Year</i>	1861	1891	1921	1951 (1% sample)
Age last birthday				
65-69	376,572	571,948	986,062	1,821,600
70-74	281,345	417,914	656,811	1,424,000
75-79	160,640	233,333	392,578	916,000
80-84	79,659	105,681	179,854	436,600
85+	33,591	43,726	75,800	190,200

Lastly, we should note the dwindling population aged 15-39 years, who may be considered the "trainee" population, so much sought after to acquire new skills, in the professions and in industry. From this diminishing source of skilled labour, efforts are constantly being made to find more teachers, more nurses, more engineers and a host of other skilled workers in a far wider variety of trades and professions than was ever dreamed of a hundred, fifty or even twenty years ago. The statistics speak for themselves :

TABLE V.
ENGLAND AND WALES—NUMBER OF PERSONS AGED 15 - 39 YEARS

Census Year		1861	1891	1911	1921	1931	1951 (1% sample)
<i>Age last birthday</i>							
15 - 29	Males	2,552,427	3,823,661	4,613,330	4,516,168	5,037,646	4,343,100
	Females	2,778,872	4,123,875	4,978,069	5,098,588	5,258,442	4,524,100
30 - 39	Males	1,251,970	1,843,401	2,637,304	2,554,641	2,716,299	3,140,500
	Females	1,359,350	1,965,848	2,853,141	2,991,562	3,142,026	3,264,700

It is true that within the next ten years the temporary post-war increase in the birth rate will bring forward large additional numbers of young people into the "young trainee" group, but the fact remains that during the last 25 years there has been a reduction of several hundred thousand in these potential recruits to the professions and industry.

Considerations of the Bournemouth Population

Bournemouth's population shows to an extreme degree those trends which are developing more slowly in the population of England and Wales. At the 1951 census the elderly and aged population (aged 65 years and over) exceeded the child population (0-14 years) and although there has been for many years a high proportion of elderly people in Bournemouth, it is only recently that this complete reversal of the national picture has occurred.

TABLE VI.
CENSUS 1951 — BOURNEMOUTH

<i>Age</i>	<i>Number of Persons</i>
0-14	24,952
15-64	92,480
65 and over	27,413
TOTAL ALL AGES— 144,845	

TABLE VII.
PERCENTAGE OF POPULATION IN VARIOUS AGE GROUPS
A comparison between Bournemouth and England and Wales

<i>Census Year</i>	1911		1931		1951	
Age last birthday	Bournemouth	England & Wales	Bournemouth	England & Wales	Bournemouth	England & Wales
0-14	21.3	30.5	16.8	23.8	17.2	22.2
15-64	71.2	64.3	71.7	68.8	63.8	66.7
65+	7.5	5.2	12.5	7.4	19.0	11.1

Bournemouth's population of elderly and aged appears to be increasing year by year, not only by the natural ageing of its native population, but also by the steady immigration of those in search

of a congenial and healthy place for retirement. In consequence the proportion of the female population within the child bearing ages is declining, and in 1951 there were only 34.2 per cent. of women in Bournemouth between the ages of 15-44 years compared with 41.6 per cent. for England and Wales. The longevity of females is also largely responsible for the preponderance of females in the Bournemouth population (140 females to 100 males in Bournemouth ; 108 females to 100 males in England and Wales), although lack of facilities for male employment may also have played a part in the past.

Considerations of the structure of Bournemouth's population must influence several aspects of the Council's policy, as for example :

Education. The provision of schools.

Health. The need for increased domiciliary services, e.g. Health Visitors ; Home Nurses ; Domestic Helps ; Home Nursing equipment, Ambulance service, etc.

Housing. The provision of old persons flatlets, bungalows, etc.

Welfare. The provision of hostels for the aged, services for disabled persons, etc.

Locally, there is also the need for increased hospital facilities, particularly those devoted to chronic sickness and age. There is urgent need for additional chronic sick accommodation, mental hospital accommodation, and for out-patient treatment such as physiotherapy.

For all these increased needs there is, as has been explained, a smaller "pool" of young persons who can be trained to look after the needs of old people. Bournemouth is fortunate in that it can often attract such people from less favoured areas, and from areas where the needs of old age are not yet as acute as they are here. But the time will inevitably come when the position throughout England and Wales will approach that of Bournemouth, and there will be a universal preponderance of the elderly and aged over the school age population.

There must obviously be found some method of increasing the efficiency of existing services so that with little actual increase in numbers, much more can be achieved. Populations are changing and problems are changing. Consequently the methods of dealing with these problems must change also.

The Domiciliary Services Provided by the Corporation

A considerable part of the services provided by local health authorities under Part III of the National Health Service Act are of a domiciliary nature, in that the home is the centre of activity rather than the hospital. Some of these services are of an advisory nature, such as Health Visiting, while others are intensely practical in character, as in the case of Home Nursing or Domiciliary Midwifery. Although large numbers of domiciliary visitors are employed by the local health authority, those employed in National Health Service activities fall into a few main categories :

Midwives	(Section 23)—Practical.
Health Visitors	(Section 24)—Advisory.
Home Nurses	(Section 25)—Practical.
Mental Health Workers	(Sections 28 and 51)—Advisory.
Domestic Helps	(Section 29)—Practical.

It is interesting to speculate on the saving of hospital beds, to take only one aspect of this work, that follows the use of these domiciliary services in Bournemouth :—

Domiciliary Midwifery Service : 465 home confinements in 1955, equivalent to 15-20 maternity beds. (For comparison, Aston Grays Maternity Hospital with 14 beds admitted 373 cases in 1955).

Health Visiting Service : A completely unknown saving of hospital beds, but the visiting of elderly people, the tracing of relatives and friends, and the calling in of other services, e.g., Meals on Wheels, must allow many of these people to remain at home when otherwise they would have to be admitted to hospital. The prevention of ill health, the most important of Health Visiting functions, must also minimise to a considerable extent the need for hospital beds at all ages, though particularly in infancy and old age.

Home Nursing Service : 4,058 patients in 1955, equivalent to 80 beds allowing for an average stay of only seven days.

Mental Health Services : Mental health visitors, psychiatric social workers and duly authorised officers, while most of their work is purely advisory in nature, must, through their after-care activities, save many re-admissions to mental hospitals.

Domestic Helps : During 1955, domestic helps served in the homes of 1,011 patients, and of these 375 were cases of illness or confinement, and 574 were elderly people.

A very moderate estimate would be that the domiciliary services of the local health authority in Bournemouth provide a saving of at least a 100-bedded hospital, based on the services of midwives and home nurses alone, and in view of the extreme congestion in almost all types of hospitals, the saving throughout the country must be immense.

Quite apart from the financial benefit to the National Health Service by the substitution in part of a relatively cheap (domiciliary) service for a very expensive (hospital) service, there are many people who infinitely prefer to be nursed at home. Large numbers of the elderly population have still an unreasoning horror of hospitals, based largely upon their childhood recollections of hospitals where seriously ill patients went to die, or where old people spent their last few years in the shadow of the Poor Law.

For young children, too, it is much more desirable for them to be nursed at home, with their mothers in attendance, rather than to risk psychological trauma by a long and lonely period in hospital. In spite of relaxations in visiting rules in children's hospitals, the criteria for admission of children, as indeed of all types of patients, should be whether the hospital can provide some specialised form of treatment that cannot be given at home, or whether home conditions are so unsatisfactory as to make hospital admission imperative.

There is evidence to suggest that in the not too distant future the balance between hospital and domiciliary nursing will be adjusted, to the advantage of both types of service and to the benefit of the community.

DOMICILIARY MIDWIFERY SERVICE

Six full-time midwives were directly employed by the Council throughout the year, and attended 465 confinements (470 births). This was a decrease of 88 compared with 1954, but each midwife was responsible for an average of 77 confinements, well above the nationally recommended case load.

Controversy still exists on the relative merits of home and hospital confinement, and while each has its supporters, the fact remains that there is insufficient hospital accommodation for all expectant mothers wishing to avail themselves of it. There has been no difficulty in arranging for hospital admission on proven medical, obstetrical or social grounds, but a large number of expectant mothers, physically normal in every way and coming from good homes, find hospital confinement much more convenient and restful, in addition to being cheaper, and the tendency is for non-priority applications to increase. Of the total of 1755 births occurring in the Borough during 1955, confinement took place as follows :

Domiciliary births (Corporation Midwives 470)	...		473 (26.9%)
Institutional births.	Royal Victoria Hospital	...	589
	Aston Grays Maternity Home		373
	Free Church Council Maternity Home	...	24
	Private Maternity Homes	...	296
			<hr/> 1282
			1282 (73.1%)
			<hr/>
		TOTAL	<hr/> 1755 <hr/>

General practitioner maternity homes at Aston Grays and Barton-on-Sea have been reserved by the Hospital Management Committee for the admission of cases on purely social grounds, and one of the most arduous and unrewarding tasks undertaken by the health visitors has been to examine the applications from many hundreds of expectant mothers for admission to these Maternity Homes, in the full knowledge that the number of applications far exceeds the available accommodation. It is almost inevitable that a certain amount of ill-feeling follows the rejection of a claim for admission and this may well prove damaging to the subsequent relationship between the health visitor and the mother. During the year 691 applications were investigated and 566 recommended for admission (82 per cent.).

The 465 home confinements undertaken by the domiciliary midwives represented 26.9 per cent. of the births notified as taking place in the Borough. Gas and Air Analgesia was given in 407 cases and pethidine in 261 cases, and although these are proven and safe methods of easing the pains of childbirth, there are still many mothers who prefer to dispense with them.

Details of the home confinements carried out by the domiciliary midwives follow, and it is noteworthy that of the 460 babies remaining with the mother on the 14th day following confinement (there were 6 still births, 3 deaths and one transfer to hospital) 357 (77 per cent.) were completely breast fed, 31 (7 per cent.) were partially breast fed, and only 72 (16 per cent.) were completely artificially fed.

TABLE I.

Total No. confinements	Primi- para	Multi- para	NO. OF PREVIOUS PREGNANCIES								
			1	2	3	4	5	6	7	8	9
465	85	380	160	100	70	23	10	10	4	2	1

AGE GROUPS							FEEDING— 460 babies at 14th day		
-20	20-25	25-30	30-35	35-40	40-45	45-50	<i>Wholly breast- fed</i>	<i>Partially breast- fed</i>	<i>Entirely artificially fed</i>
7	132	159	98	43	15	1	357	31	72

MATERNITY CASES ATTENDED

Number of Deliveries attended by Midwives in the area during 1955.						
Domiciliary Cases						Cases in Instit- utions
Doctor not Booked		Doctor Booked		Totals		
Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child either the booked doctor or another	Doctor not present at time of delivery of child			
(i) Midwives employed by the Authority	2	34	153	276	465	Nil
(ii) Midwives employed by Vol- untary Organisations :—						
(a) Under arrangements with the L.H.A. in pursuance of Section 23 of the National Health Service Act	Nil	Nil	Nil	Nil	Nil	Nil
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	Nil	Nil	Nil	Nil	Nil	24
(iii) Midwives employed by Hospital Management Com- mittees or Boards of Gover- nors under the National Health Service Act	Nil	Nil	Nil	Nil	Nil	941
(iv) Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	Nil	1	Nil	Nil	1	134
TOTALS	2	35	153	276	466	1099

MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES' ACT, 1918

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1918, by a Midwife :—

(a)	For Domiciliary cases :—									
(i)	Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service									
(ii)	Others									
Total										
(b)	For cases in Institutions									

HEALTH VISITING

The health visitor has, during recent years, become one of the most controversial figures in the field of preventive medicine. It was almost inevitable that this should be so, as the National Health Service Act profoundly affected her scope and her status, and other types of social workers have arisen to challenge her supremacy.

Health Visiting has developed through many vicissitudes from a small group of women engaged by the Ladies' Sanitary Reform Association of Manchester and Salford in 1862 to the mighty educational force that exists today, representing some 8,000 whole-time health visitors.

Throughout their history they have been concerned with the education of the public in all matters appertaining to good sound living, concentrating particularly on the care of expectant mothers and young children. The majority of them also carry out duties as school nurses, but prior to 1948, the emphasis of their work was very much upon the beginnings of life, and in this rôle the health visitor became firmly established as an indispensable member of the Health Service team.

The National Health Service Act, coming into operation in 1948, had two very far reaching effects. It consolidated the health visitor's position as an integral part of the service provided by County Councils and County Boroughs, and very greatly extended the scope of her work, which was defined as "giving advice as to the care of young children, persons suffering from illness, and expectant and nursing mothers, and as to the measures necessary to prevent the spread of infection". In other words, the advice previously concentrated upon expectant mothers and young children was extended to cover the whole family group, in sickness and in health.

The second effect of the National Health Service Act was an indirect one, but nevertheless important. The Act provided a free and comprehensive specialist and general practitioner service available to everybody irrespective of income, and the clinic facilities provided by the local health authority experienced a declining popularity, immediate and rapid in some cases, less spectacular in others. This was to be expected, as local health authority clinics were established primarily to help those families who were unable to afford private medical attention, and in addition to advice;

simple medical treatment was provided by doctors and nurses. As all forms of medical treatment have now become the responsibility of the general practitioner and hospital services, the remarkable fact that emerges from a survey of the years since 1948 is that the clinics have not only survived, but in many cases have more than recovered their lost ground.

The simple explanation is that the local health authority, the hospital and the general medical practitioner services are not meant to be in competition but to be complementary to each other. Suffering humanity requires far more help than is immediately available and in the tasks allotted to each branch of the Service there is ample for all to do without overlapping.

The effect of these changes in the local authority clinics was that the centre of the health visitors' educational network was violently disturbed, and is only now in process of restoration. Many of the differences of opinion and most of the resentments have been settled by a sensible system of compromise and the health visitor is finding new fields of opportunity. Although she has now little, if any opportunity for practical nursing, her clinical acumen, her drive and organising abilities have been given wider scope, and the success of the Health Visiting service of the future will be measured by the speed with which it can redeploy its forces to new tasks, discarding those services no longer required and taking to itself ever widening functions. Then, and then only, will the health visitor receive from her colleagues in the National Health Service her due and just reward—the recognition that she is an indispensable member of the “team”.

In Bournemouth, which at the end of 1955 had a staff of a Superintendent and 18 Health Visitors, the emphasis has been very much upon the “general purpose” health visitor as opposed to the “specialist” health visitor. Two health visitors have continued to work whole-time in connection with the Chest Clinic and the domiciliary visiting of tuberculous patients, but the remainder divide their time between the Health Visiting and the School Health Services, and in these services they perform a very wide variety of duties.

During 1955 health visitors made 1,525 visits in connection with tuberculosis, and 24,566 visits to expectant mothers, young

children and others, in addition to staffing the local authority clinics and undertaking a very considerable amount of work in connection with the School Health Service. It should be appreciated that a great deal of the visiting undertaken today is of a "selective" nature, that is to say, visiting is tending to be concentrated on special cases requiring a good deal of help, rather than upon purely routine visiting. With the greatly increased scope of the health visitor's work, it would clearly be impossible to carry out routine visits as was done prior to 1948 without a very considerable increase in staff. "Selective visiting" is therefore one example of the redeployment mentioned earlier, and although it has led to a much more efficient use of health visitors' time, the number of visits that can be made in the same period tends to be smaller, because the majority of such cases are in need of a great deal of advice and supervision and they tend to be scattered over a wide district rather than concentrated over a limited area.

One group of persons requiring "selective visiting" are the elderly and aged living at home, and during the year 820 visits were made to 194 elderly persons, in addition to 499 visits made to 72 chronic sick (and elderly) persons in connection with their application for a hospital bed.

Of the 194 elderly persons visited for some purpose other than hospital admission, 41 were paid a single visit for investigation purposes, leaving 153 who received regular visits. The circumstances of this latter group were :

<i>Age Group</i>	<i>Number</i>	<i>Living alone</i>	<i>Living in one room</i>	<i>Receiving Meals on Wheels</i>	<i>Home Help</i>	<i>District Nurse</i>	<i>Visited by Voluntary Associations</i>
60-70	32	4	4	2	6	7	9
70-80	62	11	16	5	18	9	13
80-90	53	11	15	6	16	6	13
90-100	6	—	2	—	3	2	2

Although this small group can probably not be considered completely representative of the many elderly people in the Borough, it is instructive to note that one in every six was living alone, and one in every four was living in one room, either alone or with some other person.

The position of the elderly sick person is a very unenviable one, particularly if illness is prolonged. It is worth recording how frequently it was found that relatives or friends had cared for these sick elderly people to the limit of their endurance, and only requested hospital admission when they could do no more themselves. It is sad to reflect how often the hospitals had to delay admission (through no fault of their own but because of the acute shortage of beds), so that of the 372 cases investigated 68 died before admission could be arranged, and in many others, the delay must have added greatly to the trials of already long-suffering relatives.

The health visitors also visited mental defectives under statutory supervision until they reached the age of 16 years, after which the supervision was normally continued by a mental health worker, but there has never been any hard and fast rule about the transfer of cases, and if it appears more satisfactory for the health visitor to continue the supervision of a particular mental defective beyond the age of 16 years, this is a matter for mutual arrangement.

Another important function of the health visitor has been the follow-up of hospital discharges, and by arrangement with the almoners, cases where supervision is thought necessary have been referred to them. This has been found a particularly valuable link with elderly people, who have perhaps been discharged from hospital on a special diet or some form of injection treatment which rather puzzles them. It has also been found extremely valuable in the case of school children who have been in hospital, and in all cases where the reason for admission was a home accident. The health visitors also make a call on all persons who have spent a convalescent holiday in Rest Homes arranged by the Health Committee, primarily to find out whether the patient has benefited by the holiday, but also to find out whether there were any complaints. It might be thought, at first sight, rather unnecessary to send a Bournemouth resident away on holiday, but it is surprising how the harrassed housewife, debilitated perhaps by childbearing, and by living under unsatisfactory conditions, can benefit by two or three weeks freedom from worry, and the same is true for the elderly person living alone in one room, who for the first time in many years can have good meals prepared for them.

Investigations in connection with applications for rehousing are also frequently carried out by the health visitor, particularly

if the applicant has young children, and her knowledge of the family circumstances over a long period gives considerable weight to her opinion of housing need. It is often found that, as a trusted friend of the family, much more intimate detail of a claim for rehousing will be given to the health visitor than to anybody else.

Although the "general purpose" health visitor in Bournemouth has not in the past had any very specific duties in connection with the treatment of tuberculosis, they have many contacts with the problem. They have been intimately concerned with the tuberculin testing of children, and during 1955 they made 207 visits to tuberculous households for some purpose other than the treatment of the patient. They have also, of recent months, assisted the Chest Physicians by following up defaulters from treatment and investigating the home circumstances of patients, and it is hoped that their connection with this problem will increase.

One of the most important functions of the health visitor is that of Health Education, and although this aspect of her work is receiving great prominence today, it is in fact no new departure, but simply an extension of one of the very oldest functions of a health visitor.

Certain aspects of Health Education have received priority :

(1) **Mothercraft Classes.** Six programmes, each consisting of eight talks and demonstrations were given during 1955 to a total of 90 expectant mothers. These talks covered all aspects of mother and baby care, and included one talk by a midwife on the preparations for confinement and the use of the gas and air machine. Two films were shown in each programme.

(2) **Relaxation Classes.** Eight programmes of ten weekly classes were held at Pokesdown Clinic to a total of 87 expectant mothers referred from the Ante-Natal Department at the Royal Victoria Hospital. Each class lasted $2\frac{1}{2}$ hours, including 40 minutes talk by the health visitor, 30 minutes exercises, 30 minutes relaxation and 20 minutes "questions". It is interesting to note that of the 87 expectant mothers who attended the course, 93 per cent. stated they were able to co-operate well with the midwife and had no fear or anxiety, 5 per cent. had forceps or a caesarean delivery, and only 2 per cent. said they were unable to take advantage of the exercises although they benefited from the general information supplied by the course.

(3) **Home Accidents.** Although no specific programme has been devoted to the prevention of home accidents, no opportunity has been lost in teaching the principles of prevention during the course of visits to the homes of young children and old people, and at attendances at the clinics. Home accidents requiring admission are notified by the local hospitals, giving the health visitors an opportunity to "follow-up" while the accident is very much in mind.

(4) **Vaccination and Immunisation.** The advantages of vaccination against smallpox and immunisation against diphtheria and whooping cough continued to be stressed on every possible occasion, and the acceptance rates in Bournemouth are rather above the national average.

(5) **Talks for husbands.** Commencing in September, 1955, the husbands of expectant mothers attending Mothercraft and Relaxation Classes were invited to attend a talk and demonstration on the care of the new born baby. This proved very popular, so much so that further classes were requested, to include the care of the toddler.

The wide variety of duties undertaken by health visitors can hardly be realised by a mere perusal of statistical tables. As will have been noted from the foregoing brief description of the work undertaken in Bournemouth in 1955, considerable efforts have been made to modernise health visiting in the spirit of the National Health Service Act and to increase the efficiency of the existing establishment. There can be no doubt that the widening scope of health visiting calls for even greater numbers of these workers and that an even greater efficiency could be obtained by increasing their mobility and reducing the time wasted in travelling from place to place.

Statistical details follow :

Year	Expectant Mothers		Children under 1 year of age		Children between the ages of 1 & 5		Other Cases	
	Visits		Visits		Visits		Visits	
	First	Total	First	Total	First	Total	First	Total
1949 ...	736	1,460	1,860	10,378	22	16,128	3,213	7,031
1950 ...	743	1,314	1,674	7,687	6	12,810	1,958	5,360
1951 ...	809	1,507	1,601	8,262	16	12,893	4,468	8,542
1952 ...	858	1,457	1,598	8,357	10	11,350	1,507	6,190
1953 ...	908	1,741	1,642	8,904	51	11,830	488	1,657*
1954 ...	1,100	1,991	1,592	9,080	11	11,460	587	1,869†
1955 ...	1,047	1,972	1,496	9,091	38	11,712	596	1,881‡

*Includes 223 visits by health visitors to tuberculous households.

†Includes 190 visits by health visitors to tuberculous households.

‡Includes 207 visits by health visitors to tuberculous households.

There were also 1,401 visits by the tuberculosis visitor in 1953.

There were also 1,607 visits by the tuberculosis visitors in 1954.

There were also 1,525 visits by the tuberculosis visitors in 1955.

Ineffective visits made by health visitors during 1955 : 3,600

PROBLEM FAMILIES

“Problem families” must have existed since the beginning of time. Today they comprise the residue of the “submerged tenth” mentioned by Charles Booth in his survey of the labouring classes in London 50 years ago, and although their representation in the population has been considerably reduced by social progress, the remnants exact an expenditure of money, energy and thought, out of all proportion to their numbers.

Many definitions have been suggested for “problem families” and none is entirely satisfactory. Tomlinson described them as “Those who for their own wellbeing and that of others require a substantially greater degree of supervision and help over long periods than is usually provided by existing services”. Although this description is substantially true, it fails to give any indication of the squalor and degradation of many of these households, which may equal those described by Dickens or painted by Hogarth.

The majority of problem families have two points in common. One or both parents are of subnormal or unstable mentality, and the number of children in the family is substantially greater than the national average. Because the parents are of poor intelligence

they find their livelihood (if working at all) in menial and poorly paid employment, and because of their poor intelligence they squander what little they have in inessentials, taking no heed for the morrow. The same factor is largely responsible for the size of their families, as they completely fail to realise the responsibilities, financial or otherwise, that are involved in family management, and a frequent succession of children only harrasses still further the already inadequate parents. The summation of these two factors of poor intelligence and large families has one inevitable result—a gradually declining standard of living, an increasing burden of debt and a deterioration in the whole quality of the family which, if it can be halted at all, must be tackled with vigour at the earliest possible opportunity.

If “problem families” produced normal children, there would perhaps be little cause for worry, as they would inevitably die out. The difficulty is that they tend to reproduce their kind, and many children of parents of subnormal intelligence are themselves of limited ability. Within “problem families” both heredity and environment combine to reproduce the same species in future generations, and there must be few experienced Medical Officers and Health Visitors who have not had to deal with these families in the second or even third generation.

In this great problem, which in the whole of England and Wales is said to involve about 80,000 families, there are some grounds for hope :

(1) The problem, although an extremely serious one, is less than it was 100 years ago, as *proportionately* the number of such families has declined.

(2) In this proportionate decline, the tremendous social advances in this country have played a major part, and the still improving standards of living, combined with the work being done for the rehabilitation of these families should go far to stabilise the position.

(3) Although the children of such families are frequently of low mentality, this is not invariably so, and one of the chief aims of rehabilitation is the redemption of the children, particularly those of good mentality and prospects.

At the end of 1954, Circular 27 was received from the Ministry of Health on the “Prevention of the Break-up of Families” which

stressed the need for keeping a family together in the interests of the children, if serious effects, both physical and mental, were not to follow. The Circular also dealt with "Problem families" and urged Local Authorities to do all in their power to deal with the matter, using Section 28 of the National Health Service Act as freely as possible. In all the suggestions put forward by the Ministry the health visitor was named as the most effective single unit in any scheme of investigation and rehabilitation.

When informed of the contents of this Circular, the Health Committee agreed, at its meeting in January, 1955, on a specific course of action :

(1) That a Case Committee, of officials of local authority departments and voluntary organisations should be convened to meet at intervals to pool information on problem families and to devise means of rehabilitating individual families.

(2) That funds should be made available for an increased number of domestic helps, not only to provide assistance in households where the temporary incapacity of the mother might lead to the break-up of the family, but also to provide instruction in good household management.

(3) That funds should be made available for the rehabilitation of problem family mothers at one of the special centres provided for this purpose.

The first meeting of the Case Committee was held on the 24th May, 1955, attended by 17 officials of the Corporation and Voluntary agencies, and five meetings in all were held in 1955. The composition of the Case Committee has varied slightly from time to time, but it represents substantially every phase of Local Government and voluntary Social Welfare activity.

During 1955, nine cases were discussed, being referred as follows :

By the Medical Officer of Health ...	3
By the National Assistance Board	3
By the Chief Welfare Officer ...	1
By the Children's Officer ...	1
By a Moral Welfare Worker ...	1
	<hr/>
	9
	<hr/>

In spite of the fact that all the families discussed during the early meetings of the Case Committee were long established "problem

families'', where it was felt that the prospects of rehabilitation were very small, a surprising amount of help was afforded in a variety of ways. Special mention should be made of the help given by the Housing Department, who rehoused two families and transferred a further case from one Council house to another.

In another case, a particularly longstanding and apparently hopeless one, a special domestic help gave 112 hours of free assistance during 1955 and early 1956 ; wallpaper and distemper was supplied by the Housing Department (they lived in a Council house) for internal decoration ; grants were made for funeral expenses following the death of one child ; and grants were made towards shoes and clothing for other children and for cleaning materials. The health visitor has continued to keep this family under close supervision and although they will always need support, progress has been maintained.

In another case, assistance was given towards rent arrears and refurnishing, and in four others cots, beds and bedding were provided.

The meetings of the Case Committee, which have continued into 1956, have been very successful. Perhaps their greatest value has been in the pooling of information from many sources, the decision on the most hopeful line of approach to the problem, and the avoidance of undue overlapping between departments. A modicum of success among the early cases considered has given great encouragement, and in the future efforts must clearly be concentrated upon the early or "potential" problem family, efforts on whose behalf should be so much more rewarding than those directed towards long established cases.

At the end of 1955 there were 40 "established" and 140 "potential" problem families known to the health visitors, who received 328 and 906 visits respectively, many of these visits being of considerable duration and only possible at the expense of other activities.

THE HOME NURSING SERVICE

There can be few services so completely integrated into the National Health Service as Home Nursing, and its members enjoy the complete confidence of family practitioners, hospitals and the

general public. Each year since the Appointed Day has seen an increase in the work undertaken by the Home Nursing Service, and since 1951, when this service came directly under the Health Committee, the number of nursing visits has increased from 66,594 to 83,388, an increase of over 25 per cent., and the number of new patients treated from 2,748 to 3,407, an increase of over 24 per cent.

During 1955, a total of 4,058 patients received nursing treatment, 3,407 being new patients and 651 having remained on the register from 1954. The age distribution of these patients was as follows :

<i>Age</i>	<i>Patients Nursed</i>	<i>Percentage</i>
0- 4 years	75	1.8
5-14 years	129	3.2
15-64 years	1,725	42.5
65-	2,129	52.5
TOTALS	4,058	100.0

New patients attended during 1955

The 3,407 new patients receiving nursing treatment during 1955 covered a wide variety of conditions, and as might be expected, in view of the large numbers of elderly people in the total, the majority were suffering from chronic illnesses.

<i>Complaint</i>	<i>No. of Cases</i>
Tuberculosis	73
Respiratory system (other than T.B.)	419
Heart and Circulatory system	764
Digestive system	661
Reproductive system	176
Nervous system	138
Urinary system	58
Cancer	199
Diabetes	114
Injuries, burns, etc.	452
Senility	172
Rheumatism	80
Leg Ulcers	56
Various infections	45
	<hr/> 3,407 <hr/>

The new patients were referred to the Home Nursing Service by :

General Practitioners	...	...	...	...	2,555
Hospitals	...	...	...	...	540
Personal application	...	...	...	...	240
Voluntary agencies	...	...	...	...	11
Public Health Department and Chest Clinic	...	...	...	...	61
					<hr/> 3,407 <hr/>

During the year 3,335 cases were removed from the Register owing to :

Removal to hospital	...	...	...	...	523
Died	...	...	...	...	331
Satisfactory outcome of the case	...	...	...	...	2,481
					<hr/> 3,335 <hr/>

The Nursing of Sick Children

The nursing of sick children forms only a minor part of Home Nursing, as the numbers are few (5 per cent. of the total) and because most of the conditions quickly respond to treatment, the number of visits paid tends to be comparatively small (about 1 per cent. of the total). In spite of this, the work is important, as many of these conditions could prove serious if neglected, and useful educational work can frequently be undertaken in these homes during the course of treatment.

CHILDREN AGED 0-4 YEARS

<i>Condition</i>	<i>Patients</i>	<i>No. of Visits</i>
Infectious disease ...	1	7
Respiratory disease ...	10	32
Tonsils and Adenoids ...	1	4
Ear disease ...	24	106
Medical conditions ...	19	48
Surgical conditions ...	20	119
TOTALS ...	75	316

CHILDREN AGED 5-14 YEARS

<i>Condition</i>	<i>Patients</i>	<i>No. of Visits</i>
Infectious disease ...	2	9
Respiratory disease ...	17	99
Tonsils and Adenoids ...	8	46
Ear disease ...	36	196
Medical conditions ...	42	209
Surgical conditions ...	24	205
TOTALS ...	129	764

All home nurses attend sick children within their own areas, and most of their services are in connection with injections (usually penicillin), enemata for worms, treatment of ear discharges and wound dressings. Formerly many visits were made in connection with circumcisions, but of recent years this operation has declined in popularity, and in 1955 only one case was under treatment. The number of children having penicillin was 107, who received 532 injections (0-4 years : 178 injections to 41 children ; 5-14 years : 354 injections to 66 children).

The Treatment of Visitors

Many requests are received on behalf of visitors to the town, usually for the continuation of treatment already commenced in some other area. Many of them are personal applications, but others are received from hospitals sending patients for convalescent treatment and other organisations sending blind and other handicapped persons on holiday. During the year, 209 visitors received 2,369 nursing visits.

Injection Therapy

During recent years, treatment by the injection of antibiotics, vaccines and other substances has come very much to the fore, and during 1955, 1,631 patients (over a third of the total under treatment) received 35,727 separate injections, many of them in addition to general nursing care. Daily injections were given to 825 patients, twice daily injections to 122 patients, and one patient received injections thrice daily. The other cases received injections at intervals varying from 2 days to 4 weeks.

Details of treatments are as follows :

<i>Injection</i>	<i>No. of patients</i>	<i>Daily visits</i>	<i>Twice daily visits</i>	<i>Thrice daily visits</i>	<i>No. of injections</i>
Morphia	9	5	3	—	129
Pethidine	4	2	1	—	354
Omnopon	5	1	1	—	60
Insulin	152	142	2	—	14,114
Penicillin	734	621	113	—	4,594
Streptomycin	76	13	—	—	2,163
A.C. T.H.	12	5	—	—	485
Vitamins	200	16	—	—	3,621
Vaccines	22	—	—	—	337
Diuretics	290	9	—	—	6,415
Liver Extract	70	3	—	—	2,402
Testisterone	18	—	—	—	302
Largactil	6	3	—	—	56
Calcium	4	—	—	—	107
Iron	9	—	—	—	356
Gold	5	—	—	—	57
Others	15	5	2	1	175
TOTALS	1,631	825	122	1	35,727

Late Visits

For a variety of reasons, "late visits" made between 8 p.m. and 8 a.m. are necessary, and each home nurse attends the cases on her own area. During 1955, 225 such calls were made, of which 148 were for the purpose of giving injections.

Length of Treatment Required

Of the total of 651 patients remaining under treatment at the end of 1954, no fewer than 240 of these had continued treatment from previous years, and three patients had been under continuous nursing care since 1942. It is worth recording the brief details of visits made to these long standing patients as an example of the devoted care provided by the Home Nursing Service :

<i>Under treatment since</i>	<i>Patients</i>	<i>Visits</i>
1942	3	2 monthly, 1 weekly.
1943	2	1 fortnightly, 1 weekly.
1945	1	fortnightly.
1946	1	weekly.
1947	2	1 monthly, 1 fortnightly.
1948	9	4 fortnightly, 3 weekly, 1 thrice weekly, 1 daily.
1949	19	1 monthly, 9 weekly, 2 twice weekly, 7 daily.
1950	23	4 monthly, 2 fortnightly, 8 weekly, 5 twice weekly, 4 daily.
1951	41	9 monthly, 5 fortnightly, 18 weekly, 2 twice weekly, 2 thrice weekly, 5 daily.
1952	46	10 monthly, 7 fortnightly, 18 weekly, 4 twice weekly, 2 thrice weekly, 4 daily, 1 twice daily.
1953	93	12 monthly, 50 weekly, 13 twice weekly, 4 thrice weekly, 1 alternate days, 12 daily, 1 twice daily.

At the present time the Home Nursing establishment consists of a Superintendent Nurse, a Senior Nurse, and 24 Home Nurses, all working from their own homes, but with a central office at "Avebury", 10 Madeira Road.

The number of cases under treatment at 31/12/55 was 723, receiving visits as follows :

<i>Twice Daily</i>	<i>Daily</i>	<i>Alternate days</i>	<i>Twice weekly</i>	<i>Thrice weekly</i>	<i>Weekly</i>	<i>Fort- nightly</i>	<i>Monthly</i>
5	145	24	130	45	260	50	64

A summary of the year's work is as follows :

	1950	1951	1952	1953	1954	1955
Number of patients on the Register, 1st January	366	432	473	523	550	651
Number of new patients attended	2645	2748	2859	3072	3174	3400
Total number of patients attended	3011	3180	3332	3595	3724	4055
Number remaining on the Register on 31st December	432	473	523	550	651	722
Number of patients taken off the Register	2579	2707	2809	3045	3073	3333
Total number of nursing visits ...	62,746	66,594	69,086	70,587	74,595	83,388

The illnesses of new patients were classified as follows :

	1950	1951	1952	1953	1954	1955
Tuberculosis	20	36	78	83	70	88
Pneumonia	71	87	113	102	66	88
Miscarriages, etc.	3	6	37	7	8	—
Surgical	408	393	516	382	549	688
Medical	2509	2643	2554	2978	3017	3151
Infectious diseases	—	15	34	43	14	44
	3011	3180	3332	3595	3724	4055

DOMESTIC HELP SERVICE

Domestic Help can be provided, by the terms of Section 29 of the National Health Service Act, to households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age within the meaning of the Education Act 1944".

It is, therefore, a service capable of very wide usage, but limited by economic factors, as it is an expensive service to maintain and only a comparatively small portion of the cost can be recovered from its beneficiaries.

As originally planned, the Domestic Help Service provides temporary help during short-term illnesses and home confinements and because of the temporary nature of the help provided, a small

establishment was able to serve a comparatively large number of cases. Of recent years, however, the bulk of cases served have been aged persons and those suffering from chronic illnesses, and the service has tended to be of a permanent or semi-permanent character, leading to a limited ability to accept new cases without withdrawing help from others. This has unfortunately led to a certain amount of dissatisfaction, particularly among aged persons who have come to regard the domestic help as a permanency who could be relied upon to report for duty at regular intervals and to accept certain fixed responsibilities. Some, in addition to remarking the inadequacy of the help provided, prove difficult in accepting unpopular periods of the day to receive help, but such complaints have fortunately been comparatively few, and are far outweighed by the many expressions of appreciation of the service.

The very large elderly population in Bournemouth, which has been referred to in detail elsewhere in this Report, is clearly one requiring a strong Domestic Help Service, if many of its less fortunate members are to achieve a happy old age within their own homes, and not to degenerate in personal and household cleanliness as a result of their failing mental and physical abilities.

The establishment of the Domestic Help Service has remained virtually unchanged, with a full-time Organiser and 70 Helps. As before, the policy has been to spread the help as widely as possible, giving a little help to many rather than much help to a few, and this policy would seem to be the most satisfactory one until present economies can be relaxed. A summary of the work undertaken in 1955 is as follows :

<i>Type of Case</i>	<i>No.</i>	<i>Total No. of hours</i>	<i>Average hours per case</i>
Confinements	47	1,101	23.4
Illness	309	23,542	76.2
Maternity and Child Welfare	53	1,122	21.2
Old Age	574	48,347	84.2
Tuberculosis	19	3,216	169.2
Mental Deficiency	8	888	111.0
Problem Families	1	69	69.0
TOTALS	1,011	78,285	77.4

CLASSIFICATION OF CASES SERVED (By Ages)

Under 15 years	...	53
Aged 15-64 years	...	285
65 years and over	...	673
		<hr/>
		1,011
		<hr/>

Domestic help during confinement is generally limited to the fortnight following delivery, and seeks to supply assistance in the home and the care of the pre-school children that the mother would normally provide. Although this ranks as a priority service, it has been found that mothers are unwilling to pay for more than a limited amount of help, even though the family income appears to be adequate, and for that reason the average help given during confinements is only about two hours per day.

Domestic help given to old age pensioners and patients suffering from tuberculosis is generally of a permanent or semi-permanent nature, and as both these are long term categories, help is likely to be given to the majority of cases throughout the year. On this basis the help given to old age pensioners probably averages about 2 hours per week, and to tuberculous persons 4 hours per week, admittedly small contributions to meet an overwhelming need, but just sufficient to keep many of these cases in reasonably comfortable surroundings in their own homes.

The statistics given above relate solely to the work carried out by the domestic helps within the homes of their patients, and it is worthy of note that in Bournemouth a high proportion of the domestic helps carry out social activities during their own time on behalf of their aged patients, culminating in a Christmas Party attended by as many as are able to travel.

Ambulance Service

The ambulance arrangements in 1955 remained unchanged from previous years, being a combination of services directly provided by the Council, an agency arrangement with the St. John Ambulance Association, and the supplementary use of the Hospital Car Service. In the case of long journeys, train facilities were used wherever possible, and British Railways have been most helpful in making the necessary arrangements.

The table showing the numbers of patients carried and the mileages covered since 1949 is of considerable interest, as it demonstrates not only the great increase in the use of the service but also its much greater efficiency. The number of patients carried has increased nearly $2\frac{1}{2}$ times, but the total mileage covered by ambulances and cars has increased by only 5 per cent.

This greater efficiency has been achieved in three ways ; by the use of rail transport for long distance journeys where appropriate, by the radio link between the Council's ambulances and the Central Ambulance Station, and by an increasing degree of co-operation between all concerned, so that as many patients as possible could be carried on each journey.

TABLE SHOWING PATIENTS CARRIED AND MILEAGES COVERED BY AMBULANCE SERVICE SINCE 1949

Year	Local Authority		St. John Association		Hospital Car Service		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1949	7,990	82,824	1,736	30,513	7,141	89,997	16,867	203,334
1950	11,937	100,634	2,545	31,325	7,438	82,431	21,920	214,390
1951	12,335	103,192	2,973	25,401	13,132	82,467	28,440	211,060
1952	15,340	110,424	3,160	21,391	15,639	71,425	34,139	203,240
1953	18,782	127,334	2,159	13,619	17,446	73,258	38,387	214,211
1954	20,683	127,975	268	1,228	17,353	71,456	38,304	200,659
1955	23,104	142,991	163	1131	18,241	69,740	41,508	213,862

In regard to the average number of miles covered for every patient carried, there has been an almost continuous fall in each component part of the service since 1949 :

Year	<i>Average miles covered per patient carried</i>			
	<i>Local Authority</i>	<i>St. John Association</i>	<i>Hospital Car Service</i>	<i>Total all Services</i>
1949	10.36	17.57	12.60	12.05
1950	8.43	12.31	11.08	9.77
1951	8.36	8.53	6.27	7.42
1952	7.19	6.76	4.56	5.95
1953	6.78	6.30	4.19	5.58
1954	6.18	4.58	4.11	5.23
1955	6.18	6.94	3.82	5.15

During 1955 the average number of patients carried per journey, together with the average number of miles each patient was carried, was as follows :

<i>Service</i>	<i>Average patients per journey</i>	<i>Average miles per patient</i>
Local Authority	3.50	6.18
St. John Ambulance Association	1.94	6.94
Hospital Car Service	3.12	3.82
Rail Transport	1.00	140.85

These statistics should be considered in relation to the type of patient carried by each branch of the service. The local authority undertakes all accident or emergency calls, together with a considerable proportion of the routine hospital out-patient work. At the present time the St. John Ambulance Association undertakes only a limited number of calls, and their low average "patients per journey" figure is due almost entirely to the small number of patients carried and to the fact that most of these are stretcher cases going to hospital for physiotherapy.

In the case of the Hospital Car Service, the calls are almost entirely for routine out-patient appointments, and are all sitting-car cases.

With these considerations in mind, it is difficult to find further scope for economies, at least insofar as local authority administration of these services is concerned. Generally speaking, the local authority accepts any recommendation for ambulance transport put forward by a doctor, nurse or midwife, and in view of the serious results that might follow any prevarication or inquiry into the merits of the case, it is almost impossible to do otherwise.

It is generally recognised that some abuse of the service still exists, although this is probably far less than formerly. It is probably also true to say that, at least in Bournemouth, the general practitioners are not at fault, and that most of the abuses arise in connection with the hospital service. Hospitals are aware of this, and have brought these matters to the notice of their staffs on many occasions, but with little result owing to the frequent changes among junior officers.

One other matter requires comment, and that is the number of "abortive journeys", accounting for some 3 to 4 per cent. of all journeys. These most frequently arise in connection with accidents, where personal damage is often found to be less serious than anticipated and the victim refuses to go to hospital, or in connection with routine out-patient visits or inter-hospital transfers, where no information has reached the Ambulance Service of a change in arrangements. It is usually found that hospitals vary greatly in the percentage of "abortive journeys" they initiate, and an efficient Hospital Transport Officer system should go far to minimise these fruitless journeys.

The personnel of the Ambulance Service has remained unchanged, with a Superintendent, Deputy and 20 Driver/Attendants, maintaining a 24-hour service. One clerk is employed at the Central Ambulance Station.

THE WORK DONE BY THE SERVICE DURING 1955 IS SHOWN IN THE FOLLOWING TABLE

Service	Vehicles (Number at 31.12.55)	Patient Carrying Journeys	Patients Carried		Abortive and Service Journeys	Transport of Analgesia Apparatus, Midwives, etc.	Total Mileages	Transport by Rail		No. of Staff at 31.12.55
			Accident or Emergency	Other				No.	Rail Miles	
Directly provided	Ambulances (5)	3851	1569	10858	186	10	76566	82	11273	23
	Bedford Dual purpose (2), Car (1)	2032	322	8065	106	88	46901	165	23525	
Ditto	Ambulances (2)	703	57	2233	78	32	19524	—	—	—
St. John Assn. Hospital		84	—	163	—	—	1131	—	—	3
Car Service	Cars	5832	—	18241	112	—	69740	—	—	—
		12502	1948	39560	482	130	213862	247	34798	26

Vaccination and Immunisation

During the year, continued efforts have been made to ensure that as many children as possible were fully protected by vaccination and immunisation. That smallpox and diphtheria are now unknown to the majority of parents is almost entirely the result of the protective measures employed in the past and continued to the present time, and any relaxation of vigilance on the part of either local health authorities or parents may have the most serious results.

The present position is that 62 per cent. of children under 5 and 79 per cent. of children between the ages of 5 and 15 years have received at some time during their lives a complete course of immunisation against diphtheria. According to the Immunity Index, a child is only considered to be immunised if it has received a primary course of immunisation or a reinforcing injection during the last 5 years. On this basis 51 per cent. of children between 5 and 15 are protected against diphtheria.

Whilst these figures surpass those obtained by many authorities, they are not fully satisfactory and cannot be considered so until the number of children who are fully protected approaches 100 per cent.

Vaccination

The numbers dealt with were as follows :

by General Practitioners	...	...	...	...	...	...	1,188
by Local Health Authority's Staff	...	...	...	...	...	...	446

	<i>Under 1 Year</i>	<i>Aged 1 Year</i>	<i>Aged 2—4</i>	<i>Aged 5—14</i>	<i>Aged 15 or over</i>	<i>Total</i>
Primary vaccinations	879	18	22	34	106	1,059
Re-vaccinations	—	—	30	87	458	575
TOTALS	879	18	52	121	564	1634

Diphtheria Immunisation

Number of children immunised during 1955 by :

Public Health Department	...	...	...	...	...	...	785
Private Doctors	...	...	...	...	...	...	505

Number of children who received reinforcing dose during 1955 by :—

Public Health Department	...	...	...	...	...	...	1,209
Private Doctors	...	...	...	...	...	...	263

Whooping Cough

The use of the combined diphtheria/whooping cough vaccine has become increasingly popular, parents naturally preferring their children to receive a double protection through one series of injections.

During the year 1,120 children were protected by means of combined vaccine and 4 by whooping cough vaccine alone.

Prevention of Illness—Care and After Care

The Care and After-care Service, instituted in 1948 under the provisions of Section 28 of the National Health Service Act, has great potentialities in the prevention of illness and the rehabilitation of its victims. It is a service which, when linked with the Welfare Services provided under the National Assistance Act, should go far to ensure that every disabled or handicapped person has a fair chance of establishing himself in the community.

Many other departments of the Corporation, such as the Welfare Services Department, Children's and Housing Departments, have opportunities and obligations in connection with handicapped persons, together with the National Assistance Board and the Ministry of Labour. There are obvious disadvantages in this multiple responsibility—there is a tendency to overlapping, and while certain cases receive too much help, others receive too little. Every effort has been made to co-ordinate the work of the various departments, but in the absence of any clear lead from the central authority, overlapping will inevitably continue.

At the present time patients and their families are being helped in the following ways :

(1) **Tuberculosis.** There is close co-operation with the Chest Physicians in Bournemouth and two health visitors have been seconded for full-time work in the Chest Clinics and in the homes of tuberculous patients. The Council also pays a proportion of the salary of the Almoner of the Sanatoria Management Committee, and of the Occupational Therapist when working with domiciliary cases.

Other facilities include :

(a) Boarding-out of child contacts.

(b) Assistance in securing adequate housing accommodation.

During the year 29 recommendations were made and 21 cases were rehoused.

(c) Provision of nursing requisites.

(d) Provision of domestic help. During the year 19 tuberculous patients received 3,216 hours help.

(e) Rehabilitation of selected cases. During 1955 the local health authority accepted responsibility for two cases at Papworth Hall, Cambridge.

(f) The local authority makes a grant to the Bournemouth Voluntary Tuberculosis Care Committee in respect of their work for the tuberculous patient and his family, consisting of monetary payments, extra nourishment, provision of bedding, coal, etc.

(g) Occupational therapy for patients in their own homes. During the year 49 patients were helped in this way, the local authority being responsible for that proportion of the occupational therapists' time spent in the training of domiciliary patients.

(2) **Venereal Diseases.** A health visitor attended the Special Clinic at the Royal Victoria Hospital and helped with tracing defaulters from treatment.

(3) **Illness Generally.** Provision was made at rest homes for the convalescence of patients recommended by general practitioners or hospital consultants. During the year 41 persons received recuperative holidays, compared with 58 in 1954. Rest homes are fairly selective in the type of case they receive, as they rarely have trained staff to undertake nursing duties, and for this reason all applications could not be met. The cost to the patient was based on income, but the majority of beneficiaries under the scheme paid little if anything. All patients who had been away in rest homes were visited on their return home by a health visitor, and almost invariably had benefited considerably in health.

Articles of sick room equipment were issued on loan as required, at the request of general practitioners or hospitals. Nearly 600 articles were issued during the year, those in most frequent demand being mackintosh sheets (161), bed rings (135), bedpans (120), urinals (50) and wheel chairs (31).

Health Education

Health Education has become an increasingly important function of local health authorities, and some aspects of the work of health visitors in this connection have been described in the section devoted to health visiting.

During the year the Superintendent Health Visitor attended the Central Council for Health Education's Summer School, which proved a great stimulus to further enterprise.

Both doctors and health visitors lost no opportunity of speaking to parent/teacher associations, Townwomen's Guilds, Young Wives' Groups and Mothers' Union Groups on a variety of subjects, and a 16 m.m. film projector and a film strip projector have been purchased and have proved invaluable.

Mental Health Services

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

As recorded in the Annual Report for 1954, a small number of Observation beds became available at The Old Manor Hospital, Salisbury, in December of that year, and a further important development occurred in October, 1955, when the premises known as Pinewood House at Park Prewett Hospital, were excluded from designation as a mental hospital, and as "non-designated premises" could be used for the treatment of mentally sick patients without any formality or documentation.

The hospital treatment of mentally sick patients can therefore be achieved in a number of ways, and while a proportion of them require certification for their own safety and for the safety of the public, wherever possible some easier and less formal type of admission has been attempted.

(1) Admission to non-designated premises (Pinewood House, Park Prewett Hospital).

Admission to non-designated premises is similar in every way to admission to a general hospital. The patient must be willing to go, and the only documents required are the notes from a psychiatrist. There are no legal formalities whatever and the patient is

free to discharge himself at any time. The maximum period in this type of hospital is usually about six weeks.

(2) Admission as a Voluntary Patient (Park Prewett Hospital).

Provided the patient is willing to go into a mental hospital and states this in writing, he can be admitted without further formality, and can obtain his discharge at any time on giving 72 hours notice to the Medical Superintendent. A patient under the age of 16 years can be admitted as a "junior voluntary" on the application of parent or guardian, supported by one medical certificate.

(3) Admission as a Temporary Patient (Park Prewett Hospital).

When a patient is incapable of saying whether or not he is willing to be admitted to a mental hospital, he may be admitted on a Temporary Order, signed by the nearest relative or a Duly Authorised Officer. The Order must be accompanied by two medical certificates, one of which must be given by a doctor specially approved by the Ministry. If the patient recovers sufficiently to express his willingness or otherwise to remain in a mental hospital, he cannot be detained under a Temporary Order for more than 28 days, and in any case the Order lapses in six months, but may be renewed.

(4) Admission as a Certified Patient (Park Prewett Hospital).

Formal certification is only undertaken when a patient is either unwilling to be admitted to a mental hospital, or is incapable of expressing any opinion, and his admission is necessary in his own interests and the interests of others.

The three commonest methods of admission under Certificate are :

(a) **Urgency Order (Section 11, Lunacy Act, 1890).** The Urgency Order is used where there is immediate need for action, either for the welfare of a person alleged to be of unsound mind, or for the public safety, and the Order may be signed either by the Duly Authorised Officer (National Health Service patients) or the nearest relative (private patients). The Order must be accompanied by one medical certificate and is operative for seven days.

(b) **Summary Reception Order (Section 14, 15 and 16, Lunacy Act, 1890).** If a Duly Authorised Officer is satisfied that a person is of unsound mind and should be admitted to a mental hospital,

and is further satisfied that he is not under proper care and control and that there are no relatives or friends likely to make suitable provision for him, the Duly Authorised Officer makes application to a Justice of the Peace, who sees the patient and if necessary (almost invariably) arranges for a medical examination. Usually the Duly Authorised Officer has been approached in the first place by the patient's own doctor, who gives the one medical certificate required.

(c) **"Three Day Order"** (Section 20, Lunacy Act, 1890). This method of detention is commonly used where "observation beds" are available for the investigation of doubtful cases of mental illness. If the Duly Authorised Officer or any constable is satisfied that it is necessary for the public safety or the welfare of a person that he should be admitted to a mental hospital for observation, this may be done without medical certification. The Order, which is operative for three days only, may be extended for a further fourteen days by the Medical Officer in charge of the hospital. After a total of seventeen days the position must either be regularised or the patient discharged.

During 1955, arrangements for the treatment of 326 mentally ill patients were made, the age distribution of these patients and the methods by which treatment was obtained being as follows :

ALL PATIENTS ADMITTED TO DESIGNATED AND NON-DESIGNATED PREMISES

<i>Age</i>	<i>Males</i>						<i>Females</i>						<i>Total</i>
	N.D.	v.	T.	Sec. 11	Sec. 14 etc.	Sec. 20	N.D.	v.	T.	Sec. 11	Sec. 14 etc.	Sec. 20	
10-20	—	—	—	—	2	1	—	4	—	—	—	2	9
20-30	1	7	—	—	6	1	—	19	1	—	5	3	43
30-40	—	11	—	—	4	—	2	11	—	—	12	3	43
40-50	2	13	—	2	5	—	1	18	—	—	7	6	54
50-60	—	15	1	—	4	1	2	18	1	—	14	7	63
60-70	—	5	—	—	4	3	3	27	3	—	9	6	60
70-80	—	4	—	—	2	2	—	11	2	—	15	5	41
80 plus	—	2	2	—	2	2	—	1	—	—	4	—	13
All ages	3	57	3	2	29	10	8	109	7	—	66	32	326

These figures represent a substantial increase in total admissions over 1954, but the whole increase is accounted for by admissions to non-designated premises, admissions as voluntary and temporary patients and admissions for observation purposes.

<i>Year</i>	<i>N.D.</i>	<i>V.</i>	<i>T.</i>	<i>Sec. 11</i>	<i>Sec. 14 etc.</i>	<i>Sec. 20</i>	<i>Total</i>
1951	—	119	5	—	117	—	241
1952	—	121	5	—	91	—	217
1953	—	132	2	—	102	—	236
1954	—	139	3	2	95	2	241
1955	11	166	10	2	95	42	326

It is encouraging to think that mentally sick members of the population, a not inconsiderable proportion of the whole, are slowly coming to realise the help they can be given through hospital treatment and are voluntarily asking for it in increasing numbers. Although no detailed local statistics are available regarding the value of admission to non-designated premises, the 42 admissions to The Old Manor Hospital have been investigated, and following a period of observation they were dealt with as follows :

<i>Method of disposal</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Died in hospital	1	—	1
Certified	4	7	11
Transferred to other mental hospitals ...	—	3	3
Transferred to general hospitals	1	1	2
Became Temporary Patients	—	4	4
Became Voluntary Patients	4	8	12
Discharged "Not of unsound mind" ...	—	9	9
TOTALS ...	10	32	42

This is an interesting summary, as out of the total of 42 cases, at least 11 and possibly 12 were found to be "not of unsound mind" (9 discharged as such, 2 transferred to general hospitals and 1 died). Of the remainder, 12 recovered sufficiently to accept treatment as voluntary patients, and in only 11 cases (26 per cent.) was the patient "certified", although 4 others were put under Temporary Orders and the final disposal of the 3 cases transferred to other mental hospitals is unknown.

The numbers of mental hospital patients discharged today with symptoms relieved must be greater than ever before, and it is there-

fore disappointing to find that many of them relapse and have to be readmitted for treatment again. No fewer than 87 (26.7 per cent.) out of the total of 326 admissions during the year had previously been in mental hospitals, and the interval since their last discharge was as follows :

Less than 1 month	...	...	...	8 cases
1-3 months	...	...	...	12 „
3-6 „	...	...	...	10 „
6-9 „				8 „
9-12 „				8 „
Over a year	...	...	...	41 „
				<hr/> 87 cases <hr/>

It is significant that of the total admissions during 1955, over 14 per cent. had been in mental hospitals within the last year, and over 9 per cent. had been discharged within the previous 6 months. Many of these patients, or their relatives who agreed to accept responsibility for their supervision on discharge, must have known that they were not really fit to go home, and would have greatly benefited had they taken the Medical Superintendent's advice to stay longer.

Even in those cases who are discharged with symptoms completely relieved, there is still a danger of relapse if the patient returns to the same environment and attempts to shoulder the same responsibilities. It is in these cases that the Psychiatric Social Worker can do so much by attempting to understand the discharged patients' problems, and trying to support them in their attempt at rehabilitation.

For the first six months of 1955, the Department was without a psychiatric social worker, but an appointment was made in July, initially on a part-time basis, but becoming full-time in the autumn. During the period July-December, 1955, the psychiatric social worker dealt with the after-care of 155 cases, in addition to visiting 43 cases prior to their admission to hospital. Most of these cases were referred by Park Prewett Hospital or the duly authorised officer, but 19 were referred by general practitioners and 7 applications for assistance came from the patients themselves.

There can be little doubt that many of the less serious cases of mental illness could be dealt with on an out-patient basis with the active support of trained psychiatric workers, and that the efficient

after-care of patients discharged from mental hospitals offers the best prospect of preventing relapses.

MENTAL DEFICIENCY ACTS, 1913-1938

The mental defective, while aetiologically differing from the patient suffering from mental illness, has many points in common. There is the same need for supervision and support, but with the added difficulty that we are dealing with a permanently inferior intellect rather than a temporarily disturbed one. One of the greatest problems is in relation to the high grade feeble minded person, whose intellectual inferiority is not immediately obvious, who is capable of simple routine work but who is frequently irresponsible and in need of friendly but firm supervision in his own interests and those of others. If these persons are members of sound, sensible families there is rarely any difficulty, for the family can be relied upon to see that the weak member comes to no harm. But if, as so frequently happens, there is a poor family background, there is literally no supervision and advice, as nobody is capable of giving it. The defective quickly tends to become a social problem, the dupe of unscrupulous persons, and may well drift into a life of petty crime.

The local health authority exercises supervision over all grades of mental defectives living in their own homes, but this supervision can never replace the day to day supervision of a well balanced family. In some of these cases there comes a time when it is imperative in the interests of the community as well as the individual defective that the latter must be placed under firm restraint in an institution, and despite the unwelcome publicity that occasionally follows the detention of these defectives over a period of years, there appears to be no alternative. It would indeed be interesting to know how the critics would deal with such problems, but on constructive policy they are invariably silent.

The training of mental defectives in Occupation and Industrial Centres has made great progress during the post-war period and the Health Committee has approved a policy of expansion of its training facilities during 1956, which should at least double the existing number of places.

During 1955, 14 new cases of mental deficiency were ascertained, and a total of 112 cases were under home supervision at the end of

the year, in addition to 6 cases under licence from institutions and a number under guardianship. The mental health worker made 461 visits to the homes of defectives over the age of 16 years, and paid weekly visits to the Occupation Centre. Home visits to mental defectives under the age of 16 years were made by the health visitors and totalled 183 during the year.

A statistical summary of the problem of mental deficiency in Bournemouth is as follows :

MENTAL DEFICIENCY ACTS, 1913-1938

			<i>Over 16</i>		<i>Under 16</i>		<i>Total</i>	<i>Total</i>	<i>Total</i>	<i>Total</i>
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	1955	1954	1953	1952
In Institutions	...	...	60	45	11	8	124	120	124	122
On Licence...	...	...	3	3	—	—	6	6	9	9
Guardianship	...	...	8	10	3	5	26	28	29	25
Supervision	...	...	35	49	14	14	112	92	95	77

New Cases reported during the year.

Admitted to Institutions	...	2	—	—	1	3	2	2	5
Placed under Guardianship...	...	—	—	—	—	—	—	1	3
Removed to Place of Safety	...	—	—	—	—	—	—	1	—
Placed under Supervision	...	2	2	3	4	11	7	18	4
Action not yet taken	...	—	—	—	—	—	—	—	—

OCCUPATION CENTRE

Number on Register, 31.12.1955	27
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Nursing Homes

At the end of the year 47 nursing homes were registered in the Borough, an increase of 2 over the total in 1954. Accommodation was provided for 15 maternity and 572 medical and surgical cases, but the overwhelming majority of the patients came within the "chronic sick" category and a large proportion of these were elderly or aged persons.

It is fortunate that in a town such as Bournemouth, with its increasing number of elderly retired people, such a useful alternative exists to the overcrowded "chronic sick" accommodation of the hospitals. Nursing home charges are, however, tending to rise so steeply as to place them beyond the reach of the majority of people

except in emergency and for a limited period. As mentioned in the Annual Report for 1954, there is a great need for a simpler type of accommodation, where elderly people who are in failing health though not acutely ill, can be cared for by sympathetic, sensible women. The reduced proportion of trained staff in such establishments should enable them to be run at a more moderate charge than at present, and yet provide all the care and supervision necessary in such cases.

In general, the high standard of nursing homes has been maintained, but there have been a few instances where it was felt that complaints of poor service were justified and appropriate action has been taken.

Bournemouth Crematorium

Since the opening of Bournemouth Crematorium in 1938, there has been a steady increase in this method of disposing of the dead. The yearly totals are as follows :

1938	....	....	....	229
1939	....	....	....	384
1940	....	....	....	514
1941	....	....	....	557
1942	....	....	....	584
1943	....	....	....	693
1944	....	....	....	708
1945	....	....	....	742
1946	....	....	....	834
1947	....	....	....	1026
1948	....	....	....	1012
1949	....	....	....	1155
1950	....	....	....	1306
1951	...	...	...	1484
1952	...	...	...	1472
1953	...	...	...	1681
1954	...	...	...	1770
1955	...	...	...	1991

An analysis of the statistics for the year 1955, shows that 51.8 per cent. of applications were received from areas outside Bournemouth, and 48.2 per cent. from within the Borough, and details are given of the wide area served by Bournemouth Crematorium. In all cases the documents were scrutinised by either the Medical Officer of Health or the Deputy Medical Officer of Health, both of whom are approved Medical Referees for this purpose.

CREMATIONS, 1955

County Borough of Bournemouth	...	959
Poole	... ..	398
Christchurch and Ringwood District	...	169
New Forest and Lymington District	...	146
Blandford and Wimborne District...	...	109
Salisbury	... ..	49
Wareham and Swanage District	...	44
Sturminster and Shaftesbury District	...	24
Buckinghamshire	... ..	1
Devon	... ..	6
Hertfordshire	... ..	1
Hampshire (apart from surrounding districts)		11
Yorkshire	... ..	2
Wales	... ..	1
Sussex	... ..	2
Surrey	... ..	4
Nottinghamshire	... ..	2
Norfolk	... ..	1
Leicestershire	... ..	1
Lancashire	... ..	4
Isle of Wight	... ..	2
London Area	... ..	15
Somerset	... ..	8
Wiltshire (apart from Salisbury)	...	6
Warwickshire	... ..	3
Dorset (apart from Districts given)	...	13
Berkshire	... ..	3
Derbyshire	... ..	1
Essex	... ..	1
Gloucester	... ..	1
Kent	... ..	4
TOTAL		1,991

National Assistance Act, 1948

Section 47. Action was taken in one case during the year. This was in respect of Mr. E.Y., aged 87 years, who had been known to the Department for many years as living alone under most insanitary conditions. He refused to accept assistance from relatives, and his health began to fail and his living conditions became so grossly unsatisfactory that he was removed to Christchurch Hospital, following a visit by a magistrate.

NATIONAL ASSISTANCE ACTS, 1948-1951—INCIDENCE OF BLINDNESS

In Bournemouth, the registration of blind persons and the provision of welfare services for this category of disabled persons is

carried out by the Welfare Services Committee, and the following information in respect of new registrations has been supplied by the Chief Officer of Welfare Services :

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ...	12	10	—	20
(b) Treatment				
(Medical,	1	4	—	7
Surgical or	16	—	—	3
Optical)	2	—	—	1
(ii) Number of cases at (i)				
(b) above which on				
follow-up action have				
received treatment	10	1	—	6

Public Health Laboratory Service

Report by Dr. G. J. G. King, Director of the Bournemouth Laboratory

NUMBER OF SPECIMENS RECEIVED FROM BOURNEMOUTH, 1955

Nose and throat swabs ...	208
Specimens of sputum ...	6770
Specimens of faeces and urine ...	914
Specimens of water ...	551
Specimens of milk ...	220
Specimens of ice cream ...	68
Specimens from miscellaneous sources ...	457
	<hr/> 9188 <hr/>

Specimens were submitted by :

	<i>Total Specimens</i>
(a) Royal Victoria Hospital ...	572
(b) Sanatoria ...	4,225
(c) Local Practitioners ...	372
(d) Public Health Department ...	1,500
(e) The Bournemouth Chest Clinic ...	2,297
(f) Mass Radiography ...	143
(g) River Boards ...	21
(h) Miscellaneous ...	58
	<hr/> 9,188 <hr/>

Water Supply

The water supply to the Borough comes from two sources, the Bournemouth and District Water Company supplying the whole of the Borough with the exception of that part of Southbourne east of Irving Road and Clifton Road, which is supplied by the West Hants Water Company.

Chemical and bacteriological analyses have been carried out at regular intervals at various points in the Borough, and have all proved satisfactory.

REPORT BY A. J. MORTIMER, METEOROLOGICAL REGISTRAR

1955 Summary

1955 weather succeeded in pleasing most people. It was good for the holiday maker and on the whole, good for agriculture. We finished the year 212 hours on the credit side for sunshine, with a deficiency of 1.94 inches in rainfall. Best month of the year was perhaps July, with 297.9 hours of sunshine, highest temperature of 83 degrees, and only .48 inches of rain, but May and August followed closely.

June was disappointing, but the late winter and early spring provided brilliant and invigorating weather. A cold snap in May with a quite heavy snowfall on the 17th will be remembered by most gardeners.

The year, which had been very dry until October, then proceeded to make up. On the two days, 18th and 19th October, 3½ inches of rain fell—a local record, and the remainder of the year has been fairly wet.

One other point of interest has been the town's freedom from thunderstorms. Many intense storms were experienced in the area around Bournemouth, but the town escaped most of them.

Highest temperature recorded	83° on 18th July.
Lowest temperature recorded	21° on 15th January and 20th February.
Greatest fall of rain in one day	1.98 inches on 18th October.
Total rainfall	29.58 inches (average 31.52 inches).
Total sunshine	1921.1 hours (average 1709.9 hours).
Number of days with sunshine	310.
Number of days with rain ...	140.
Mean temperature	49.9° (average 50.9°).

BOURNEMOUTH CLIMATOLOGICAL STATION.

Latitude 50° 43'N. Longitude 1° 53'W. Height above Mean Sea Level,
130 feet.

TABLES OF TEMPERATURE, SUNSHINE AND RAINFALL

1. TEMPERATURE.

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Average
1955
Absolute Maximum
Date
Absolute Minimum
Date
Mean Range
Humidity %

Average Mean temperature for 1955 - 49.9. Average (Air Ministry) - 50.9.

2. SUNSHINE (Hours).

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Average	62.3	79.2	137.3	175.5	213.6	229.8	210.8	203.1	151.8	115.3	71.7	59.5
1955	38.4	106.4	176.6	190.1	241.9	188.8	297.9	234.4	171.9	146.5	89.7	38.5
Average per day ...	1.2	3.8	5.7	6.3	7.8	6.3	9.6	7.6	5.7	4.7	3.0	1.2
Highest amount in one day	7.3	9.4	11.1	12.9	14.2	14.2	14.7	13.1	12.0	10.6	8.5	6.5
Date	18th	17th	31st	24th	19th	17/18	8th	26th	6th	1st	1st	31st
Days with sunshine ...	13	23	29	26	30	27	30	30	29	28	25	20

Total for 1955 - 1921.1. Average (Air Ministry) - 1709.9.

3. RAINFALL (Inches).

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Average	2.70	2.39	2.33	1.79	1.76	2.01	2.13	2.52	2.34	4.27	3.40	3.88
1955	3.30	1.98	1.24	.58	4.02	2.83	.48	1.12	1.53	4.65	2.67	5.18
Daily average	0.12	0.07	0.04	0.02	0.13	0.09	0.02	0.04	0.05	0.15	0.09	0.17
Greatest fall in one day	1.23	.45	.39	.18	.96	.95	.35	.62	.55	1.98	.95	1.64
Date	13th	6th	23rd	28th	16th	6th	18th	11th	22nd	18th	2nd	29th
No. of days with rain ...	15	15	7	10	17	12	4	4	14	8	11	23

Total Rain 1955 - 29.58. Average (Air Ministry) - 31.52.

SANITARY CIRCUMSTANCES, HOUSING AND INSPECTION OF FOOD

Report by William Riley, F.R.San.I., Chief Sanitary Inspector

I. Housing

(HOUSING ACTS, 1936 to 1954 AND PUBLIC HEALTH ACT, 1936)

(a) Repair.

Number of houses inspected for housing defects	...	...	...	407
Number of visits made for the above purpose	...	...	...	1,687
Houses found not in all respects reasonably fit for human habitation	...	...	...	281
Defective houses made fit following service of informal notices (including outstanding notices brought forward)	...	...	...	315

Houses in which defects were remedied after service of formal notices under the Public Health Act 1936:—

(a) by owners	...	...	...	35
(b) by local authority in default of owners	...	...	...	Nil

Houses made fit after service of formal notices under the Housing Act, 1936 :—

(a) by owners	...	...	...	Nil
(b) by local authority in default of owners	...	...	...	Nil

Number of applications for Certificates of Disrepair	...	...	...	63
Number of revocations of such Certificates	...	...	...	16

(b) Closure and Demolition (*Housing Act, 1936*)

(i) Houses demolished following formal action under Section 11	...	...	...	3
(ii) Houses closed in pursuance of an undertaking given by owners under Section 11 and still in force	...	...	...	Nil
(iii) Parts of building closed (Section 12)	...	...	...	4

In compliance with the requirements of Section 1 of the Housing Repairs and Rents Act, 1954, a survey was made to ascertain whether any houses in the Borough appeared to be unfit for human habitation and liable to be demolished, and whether any others ought to be included in clearance areas. This survey disclosed the following :

(i)	Individual unfit houses	...	...	...	39 (including 4 huts)
(ii)	Houses in proposed Clearance Areas—				
	Area No. 1	16	}		
	Area No. 2	11			
	Area No. 3	40		67	
	Total				106

(c) **Overcrowding** (*Housing Act, 1936—Part I V*)

Number of houses inspected re alleged overcrowding	...	...	...	104
Number of houses found to be overcrowded	...	...	...	31
Number of cases of overcrowding abated	...	...	...	5
Number of houses visited to ascertain "permitted number"	...	...	...	93
Number of rooms measured to ascertain "permitted number"	...	...	...	386

(d) **Applications for Corporation houses**

The housing accommodation of applicants for Corporation houses was inspected in one hundred cases when any unsatisfactory conditions were noted for subsequent action.

(e) **Movable Dwellings** (*Public Health Act, 1936, Sections 268 and 269*)

Licences to station and use caravans as dwellings are only granted by the local authority subject to the applicants complying with prescribed conditions. These include the provision of adequate sanitary conveniences and a wholesome supply of water ; approved means for the disposal of waste-water and satisfactory accommodation for the storage of refuse. In addition, applicants for licences must obtain the consent of the Town Planning Authority. Thus, public health and amenities are safeguarded. Caravans serve a useful purpose for holiday-makers and as temporary accommodation for persons who, for various reasons, are unable to obtain a house. Restricted space, however, makes a caravan unsuitable as a permanent home, and especially so when the occupants include young children and adolescents.

The following statistics summarise the position as regards caravans in Bournemouth during the year 1955.

Number of applications received for licences to station and use individual caravans	...	...	...	...	...	...	30
Number granted	...	...	...	...	...	...	29
Number refused	...	...	...	...	...	...	1
Number of licensed sites for caravans	...	...	...	...	...	...	12
Number of applications for extensions or variations of site licences	...	...	...	...	...	...	1
Number granted	...	...	...	...	...	...	1
At 31st December, 1955, the total number of caravans permitted under licences to be stationed was	...	...	...	...	...	...	447
Number of visits made to caravan sites during the year	...	...	...	...	...	...	125

Generally, the caravans and sites have been well-maintained during the year, and licensees have observed the conditions imposed by the local authority. Several of the licensed sites were commended by official organisations.

(f) Land Charges Enquiries

Number of enquiries regarding various properties received and dealt with during the year	4,486
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II. Inspection of Food and Food Premises

At least two thousand premises in Bournemouth are used for various classes of food businesses, and all these are subject to inspection by your Sanitary Inspectors. The magnitude and importance of this duty may be gathered from the following statistics :

	<i>No. of premises in the Borough</i>	<i>No. of visits made</i>
Bakehouses	59	164
Cafés and Restaurants	184	326
Confectioners' and Pastrycooks' shops	195	129
Cooked meat shops	15	138
Fishmongers' and Poulterers' shops	58	155
Fried Fish shops	31	71
Greengrocers' shops	173	182
Grocers' shops	338	858
Gut-scraping works	1	15
Hotel and Boarding-house kitchens	935	355
School Feeding Centres ...	30	20

As a result of these visits, many improvements were carried out voluntarily. The importance of simple hygienic precautions to prevent food being contaminated was also brought to the notice of food-handlers when necessary during the course of inspections.

Meat, milk, ice cream and prepared foods also received special attention, details of the work involved being as follows :

(a) Meat Inspection

The only licensed slaughterhouse used in Bournemouth during 1955 was a small one privately-owned, where cottagers' pigs were slaughtered infrequently. All other home-killed meat came from slaughterhouses in other districts, the largest being at Uddens in the Wimborne and Cranborne Rural District where facilities, including

inspection, are adequate to meet the requirements of a population of 350,000 persons.

A total of 342 visits were made by the Sanitary Inspectors to the 114 butchers' shops and six wholesale meat stores in the Borough. In this connection, your Inspectors' responsibilities would be minimised if it were compulsory to affix an official mark on all meat previously inspected elsewhere and passed as fit for human consumption.

(b) **Milk Supplies**

In compliance with the Milk (Special Designations) (Specified Areas) Order, 1952, all retail sales of milk in Bournemouth during 1955, were of the following designations :

(i) "Pasteurised" and "Tuberculin Tested" (Pasteurised), bottled supplies of which came from five licensed premises, four of these being in Bournemouth and one in Poole.

and (ii) a comparatively small quantity of "Sterilised" milk, bottled at licensed premises elsewhere.

Fruit-flavoured sterilised milk was sold at a number of local shops during the year. This was bottled at premises in another town.

Milk production at the few dairy farms on the outskirts of the Borough is supervised entirely by officials of the Ministry of Agriculture, Fisheries and Food.

Instances of the misuse of milk bottles have been reported from time to time (e.g. one bottle had contained paraffin). Such thoughtlessness is grossly unfair, not only to the firms who have installed expensive equipment for the cleansing of milk bottles, but also to householders and caterers who rinse their empty bottles prior to collection by the roundsmen.

Details of the work involved in supervising the milk supplies are as follows :

(i) **The Milk and Dairies Regulations, 1949.**

						<i>Number</i>	<i>Inspections</i>
Dairies	...	...	...	...	...	4	124
Milkshops	...	...	...	...	...	167	205
Pasteurising Plants	...	...	...	...	...	4	73

(ii) **The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, and**

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

The following licences were in operation during 1955 :

Tuberculin Tested Milk

Bottlers' Licences	...	...	...	...	4
Dealers' Licences	...	...	...	...	84

Pasteurised Milk

Dealers' (Pasteurisers') Licences	4
Dealers' Licences	147

Sterilised Milk

Dealers' Licences	1
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131 samples of Pasteurised Milk, 43 samples of Tuberculin Tested (Pasteurised) Milk and 2 samples of Sterilised Milk were submitted to the Public Health Laboratory for examination. All these, except a sample of Pasteurised Milk, complied with the prescribed standards. Enquiries showed that the unsatisfactory result had been caused by a defective recording thermometer, which was rectified.

(c) **Ice Cream**

The Food and Drugs Act, 1938, Section 14.

The Ice Cream (Heat Treatment etc.) Regulations, 1947-1952.

<i>Number of premises registered during the year</i>	<i>Total number of premises on register</i>	<i>Number of visits to premises during the year</i>
For manufacture ... Nil	3*	24
For storage and sale ... 26	452	324

* Hot Mix (Method II) used at two premises and Cold Mix at one.

The Sanitary Inspectors obtained 47 samples of ice cream which, when subjected to the Methylene Blue Test at the Public Health Laboratory, gave the following results :

<i>Number of Samples</i>	<i>Provisional Grade*</i>
36	I
7	II
3	III
1	IV
	} Repeat samples were satisfactory

* (Grades I and II are classed as satisfactory; but where a series of samples from the same supply fall within Grades III and IV, the bacteriological purity of the ice-cream is regarded as unsatisfactory).

8 samples of ice cream submitted to the Public Analyst were found to conform to the prescribed compositional standard.

(d) Ice Lollies

Of 12 samples submitted to the Public Health Laboratory for bacteriological examination, 11 were satisfactory. Appropriate action was taken in regard to the unsatisfactory one. 8 samples were certified by the Public Analyst as genuine.

(e) Butter and Margarine Premises (*Food and Drugs Act, 1938, Section 34*).

19 premises are registered for the business of Wholesale Dealer in Margarine. There are no Butter Factories in Bournemouth.

(f) Prepared Foods (*Food and Drugs Act, 1938, Section 14*).

140 visits were paid to the 80 premises in the Borough which are registered for the manufacture of fish or meat products to ensure the maintenance of a satisfactory standard of hygiene.

(g) Foodstuffs condemned after inspection.

A total of 17 tons 7 cwts. 2 qrs. 24 lbs. of food stuffs was condemned as unfit for human consumption during the year 1955. This amount was made up as follows :

							<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Fish	...	...	...	...	...	...	2	12	2	7
Meat	...	...	...	...	...	...	4	3	2	9
Canned foods	...	...	...	...	...	...	7	10	1	5
Other foodstuffs	...	...	...	...	...	...	3	1	1	3

The above amount was 25.8 per cent. more than in 1954.

After sterilisation, condemned food is allowed to be used for feeding to animals wherever possible and diseased and unsound meat is collected by a private firm for manufacture into fertilisers, industrial fats, etc.

(h) Sampling of Food and Drugs.

129 formal and 353 informal samples were obtained by the Inspectorial Staff for analysis by the Public Analyst who gave adverse reports on 26 of them. Details of these, together with the action taken, are given in the following table :

Formal Samples

<i>No.</i>	<i>Sample</i>	<i>Nature of Adulteration</i>	<i>Action taken etc.</i>
231	Almonds, buttered	24.5% deficient in butter	Warning letter sent to Manufacturers.
229	Bread and Butter	Margarine 79%, Butter 21%	Vendor prosecuted.
724	Buttered Toast	Reichert Wollny 22.3. Kirschner 17.	Genuine, but irregular sample.
1036	Butter	2.9% excess of water	Warning letter sent to Wholesalers.
737	Butter Drops	83.5% deficient in butter	Warning letter sent to Vendor (old stock).
506	Hot Milk	12.4% extraneous water	Warning letter sent to Vendor.
244	Milk	18.3% deficient in fat	Unmixed milk sold in Café. Warning letter sent to Vendor.
729	Raspberry Jam	21% deficient in fruit	Warning letter sent to Manufacturers.
397	Sausages, Pork	4.3% deficient in meat	Warning letter sent to Vendor.
398	Sausages, Pork	2.1% deficient in meat	Warning letter sent to Vendor.

Informal Samples

C.13	Almonds, buttered	24.5% deficient in butter	Followed by formal sample.
C.11	Gee's Linctus	WT/ml. 1.164. Alc. 16.60 w/v. Anhydrous morphine 0.012 w/v.	Further sample taken in view of slight deviation from B.P. Standard.
C.15	Milk, Channel Islands	3.9% fat	Area Milk Officer informed.
E.21	Milk, Channel Islands	Not up to standard of 4% fat	Area Milk Officer informed.
C.26	Milk	4% deficient in fat	Followed by a satisfactory formal sample.
F.28	Raspberry Jam	16.3% deficient in fruit	Followed by formal sample No. 729 above.
E.5	Sausages, Pork	6% deficient in meat	} Followed by formal samples.
E.6	Sausages, Pork	22.9% deficient in meat	
E.7	Sausages, Pork	2.9% deficient in meat	
E.8	Sausages, Pork	10.8% deficient in meat	
A.32	Sausages, Pork	5.4% deficient in meat.	
F.42	Sausages, Pork	2.2% deficient in meat	
B.50	Sausages, Pork chipolata	21.7% deficient in meat	No action taken, in view of small deficiency.
E.41	Table Jelly	Crystals not jelly	Followed by a satisfactory formal sample.
F.51	Vinegar	Not more than 75% malt vinegar	Ministry advised no further action.
F.53	Vinegar	Fungoid growth	Followed by a genuine formal sample.
			Remainder of stock destroyed.

III. General Sanitation, Inspection of Shops and Factories and Miscellaneous Duties

(a) Nuisances

Complaints received and investigated	...	...	...	...	...	1156
Statutory Nuisances found	...	...	...	...	...	714
Statutory Nuisances abated	...	...	...	...	...	684
Total number of visits re above	...	...	...	...	...	4653

(b) Drainage Work.

Visits to buildings in course of construction	...	...	...	...	...	3847
Tests applied to drainage at the above	...	...	...	...	...	3208
Defects found and remedied	...	...	...	...	...	475
Visits to existing buildings re drainage	...	...	...	...	...	655
Tests applied to drainage at the above	...	...	...	...	...	250
Defects found and remedied	...	...	...	...	...	183
Cesspools built	...	...	...	...	...	2
Cesspools abolished and drains connected to sewer	...	...	...	...	...	5
*Private sanitary surveys made for prospective purchasers of property						33

(Total amount received in fees was £104 9s. 6d.)

* These surveys are made on payment of a fee to the Corporation, the scale of charges being as follows :—

	£	s.	d.
Rateable value of the property under £50	...	...	...
Rateable value of the property over £50 but under £250	...	...	...
Rateable value of the property £250 or over	...	...	...
	2	12	6
	3	13	6
	6	6	0

(c) Refuse Accommodation

Number of dustbins provided following service of notices	117
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(d) Disinfestation

Number of premises treated with insecticides	77
Number of articles disinfested	94
Number of wasps' nests destroyed	...	...	...	...	123
Number of inspections of verminous premises	...	...	...	...	91

(e) Infectious Diseases and Disinfection

Visits in connection with enquiries	...	...	...	...	...	287
Number of rooms disinfected :—						
(a) After notifiable disease	...	...	...	...	...	70
(b) After non-notifiable disease	...	...	...	...	...	62
(c) After tuberculosis	...	...	...	...	...	22
Number of articles disinfected	...	...	...	...	...	895

(f) Shops Act, 1950

Number of inspections of shops	...	...	...	...	...	212
Number of contraventions found and dealt with	...	...	...	...	...	25

The following Orders were made by the Town Council under the 1950 Act :—

(1) Pursuant to the provisions of Section 51, newsagents' shops in the Borough were permitted to open in 1955 from 8 a.m. until 1 p.m. on any Sunday between 29th May and 25th September for the sale of :

- (i) any articles required for bathing or fishing ;
- (ii) toys, souvenirs and fancy goods ;
- (iii) books, stationery, photographs, reproductions and post-cards.

(2) Pursuant to the provisions of Section 40, the Order of 1943, which requires fried fish and chip shops in Bournemouth to close on a weekly half-holiday, was suspended during the period from the 30th May, 1955, to 17th September, 1955 (both days inclusive).

(g) INSPECTION OF FACTORIES (Factories Act, 1937)

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspect- ions</i>	<i>Written notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority	185	52	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	626	139	5	—
(iii) Other premises in which Section 7 is enforced by the Local Authority	Nil	—	—	—
TOTALS	811	191	5	—

IMPROVEMENTS EFFECTED AT FACTORIES

<i>Particulars</i>	<i>Number of cases where defects were found</i>				
	<i>Found</i>	<i>Remedied</i>	<i>Referred</i>		<i>Number of prosecutions</i>
			<i>To H.M. Inspctr.</i>	<i>By H.M. Inspctr.</i>	
Want of cleanliness (S.1)	8	7	—	1	—
Overcrowding (S.2.) ...	—	—	—	—	—
Unreasonable temperature (S.3.) ...	2	1	—	—	—
Inadequate ventilation (S.4.) ...	4	2	—	1	—
Ineffective drainage of floors (S.6.) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	—	—	—	1	—
(b) Unsuitable or defective	13	9	—	3	—
(c) Not separate for sexes	2	—	—	—	—
Other offences against the Act (not including offences re Outworkers) ...	8	9	6	—	—
TOTALS	37	28	6	6	—

OUTWORK

(Sections 110 and 111, Factories Act, 1937)

<i>Nature of Work</i>	<i>Section 110</i>			<i>Section 111</i>		<i>Prosecutions</i>
	<i>No. of out-workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in un-wholesome premises</i>	<i>Notices served</i>	
Wearing apparel (Making etc.)	28	—	—	—	—	—
Household linen	6	—	—	—	—	—
TOTALS	34	—	—	—	—	—

(h) Young Persons (Employment) Act, 1938

Various enquiries have been made and advice has been given concerning the employment of persons under the age of 18 years in

occupations specified in the Act of 1938. In this duty, there was liaison with the Youth Employment Bureau.

One contravention was remedied after informal action had been taken.

(i) **Rodent Control**

In common with many other local authorities the Bournemouth Corporation spends a considerable sum of money annually in controlling and destroying rats and mice in accordance with the duty imposed by Section 2 of the Prevention of Damage by Pests Act, 1949. This work is very necessary when one considers the damage caused by these rodents and their disease-spreading habits. If, however, everyone would co-operate in taking simple repressive measures such as the following, the number of rats and mice would be reduced and the financial expenditure also.

- (1) Prior to collection, put all domestic and trade refuse in sound dustbins with close-fitting lids.
- (2) Store feeding stuffs for poultry and pigs in rodent proof receptacles.
- (3) Reduce all accumulations of garden refuse to a minimum and remove them frequently.
- (4) Cease dumping rubbish on vacant plots of land.
- (5) Raise the floors of tool-sheds, summer-houses, poultry-houses and similar structures above ground level.
- (6) Make buildings rat-proof (e.g. renew defective air-grates).
- (7) Notify the Public Health Department immediately of any infestation.

The Rodent Officer and his staff have given all reasonable assistance free to householders who have co-operated and at a charge in the case of business premises. The public should note, however, that the destruction of rats and mice in privately-owned buildings or land is the responsibility of the owners or occupiers thereof and not the local authority.

Details of Rodent Control during 1955 are as follows :

Complaints regarding rats and mice received and investigated	1274
Dwellinghouses surveyed	1641
Dwellinghouses treated	1420
Business premises surveyed	100
Business premises treated	40
Plots of land surveyed	41
Plots of land treated	35
Premises where poison baits were laid and taken	1530
*Number of dead rats recovered after baiting	1197

*Having regard to modern poisoning techniques and the use of "Warfarin" baits it is difficult to estimate the total number of rodents destroyed.

Throughout the year, helpful co-operation and advice was given by officials of the Infestation Division of the Ministry of Agriculture, Fisheries and Food.

(j) **Fertilisers and Feeding Stuffs Act, 1926**

8 informal and 11 formal samples were taken for analysis. In a few cases there were slight variations in the composition of the samples when compared with the declared values of the components. Appropriate action was taken.

(k) **Merchandise Marks Act, 1926 and Agricultural Produce (Grading and Marking) Act, 1928**

No action was necessary.

(l) **Pharmacy and Poisons Act, 1933 (Part II)**

Shop-keepers, other than registered pharmacists, who sell certain scheduled poisons (e.g. weed-killers, disinfectants, hair-dyes, etc.) are required to have their names entered on the local authority's list of persons entitled to sell such poisons. There were 261 names on the list at the end of 1955. Your Inspectors made 276 visits to the shops concerned to ascertain whether the legal requirements regarding containers and the labelling, storage, transport and sale of the scheduled poisons were being carried out. 11 contraventions were remedied after informal action had been taken.

(m) **Rag Flock and Other Filling Materials Act, 1951**

This is an Act to secure the use of clean filling materials in upholstered articles and other articles which are stuffed or lined, and for purposes connected therewith. In the Borough there were

fourteen upholsterers' premises registered under the Act at the end of the year. Annual licences were also granted for the storage of rag flock at three premises.

Four samples of filling materials obtained during the year were found to be clean and satisfactory when tested by the prescribed analyst.

(n) **Pet Animals Act, 1951**

Applicants for licences under this Act which regulates the sale of pet animals, must satisfy the local authority in regard to the following requirements :

(i) that suitable accommodation and adequate supplies of food and water will be provided at all times for the animals proposed to be kept in the pet shops concerned.

(ii) that reasonable precautions will be taken to prevent the spread of infectious disease, and

(iii) that adequate steps will be taken in the case of fire or other emergency occurring on the premises. (The Chief Officer of the Fire Brigade has given advice on this item).

Annual licences were granted to sixteen applicants. Co-operation with the local Inspector of the Royal Society for the Prevention of Cruelty to Animals was maintained in the administration of this Act.

(o) **Places of Entertainment**

Your Inspectors made 81 inspections of theatres, cinemas and other places of entertainment regarding cleanliness, ventilation and sanitary accommodation. The Managers have co-operated in maintaining hygienic conditions in their premises.

(p) **Atmospheric Pollution**

This is not a problem in Bournemouth. Nevertheless the chimneys at the few industrial premises have been kept under observation from time to time. Warnings were issued regarding emissions of black smoke at one factory, as a result of which the firm concerned is taking steps to improve its boiler plant.

(q) Swimming Baths and Paddling Pool

There are three swimming baths in the Borough which are open to the general public and a paddling pool for the use of children during the holiday season. The suitability of the water from all these has been checked by frequent sampling for chemical and bacteriological examination.

(r) Public Conveniences

During 1955, the Superintendent and his assistant collected a total of *£13,831 18s. 8d. from the 175 Public Conveniences in Bournemouth. This amount is made up as follows :

	£	s.	d.
From coin locks	12,927	18	3
From wash and brush-up rooms ...	815	19	6
From paper towel dispensers ...	88	0	11

(*This amount is an increase of £125 8s. 3d. when compared with the receipts for the year 1954).

Free washing facilities are available at 18 public conveniences.

Wilful damage to fittings in public conveniences occurred on seven occasions during night-time and small sums of money were stolen from the slot-locks.

(s) Legal Proceedings

The following legal proceedings were taken during the year :

<i>Proceedings taken under</i>	<i>For</i>	<i>Result</i>
Housing Act, 1936	Permitting the use of a ground floor flat for human habitation, knowing that a Closing Order had been placed upon it.	Defendant fined £1
Food and Drugs Act, 1938	Having, in an hotel, a dirty kitchen floor, dirty equipment, dirty refrigerator store room and dirty walls in the servery	Defendant Company fined £60
Clean Food Byelaws made under Section 15 of the Food and Drugs Act, 1938	Exposing foodstuffs to contamination by dogs	Defendant fined £5
Public Health Act, 1936	Non-compliance with an Abatement Notice to carry out repairs	Court Order to carry out the work required within two months
Food and Drugs Act, 1938	Selling bread and margarine as bread and butter	Defendants fined £10 and £1 10s. 0d. costs

**WORK EXECUTED BY LOCAL AUTHORITY ON FAILURE OF OWNER
OF PROPERTY TO COMPLY WITH STATUTORY NOTICES**

<i>Notices served under</i>	<i>Particulars of work executed</i>	<i>Cost involved which will be recovered</i>
Public Health Act, 1936, Section 39	Eaves gutters, rainwater pipes and bath waste repaired	£42 6s. 0d.
Public Health Act, 1936, Section 45	Repair and redecoration of water-closet walls, etc.	£13 8s. 0d.

Report of the Public Analyst

For the Year ended the 31st December, 1955

MR. MAYOR, LADIES AND GENTLEMEN,

I have much pleasure in presenting my third Annual Report as Public Analyst and Official Agricultural Analyst to your Borough.

Food and Drugs

The total number of samples submitted to me by your Inspectors under the Food and Drugs Act, 1938 was 482, comprising 129 formal samples and 353 informal.

The total number of adulterated or irregular samples was 10 formal and 16 informal. This represents a percentage adulteration of 5.4.

The incidence of adulteration in the County Borough during the past five years is as follows :—

Year	1951	1952	1953	1954	1955
No. of samples taken ...	526	540	370	518	482
No. of samples adulterated	32	23	40	46	26
Percentage adulterated ...	5.1	4.2	10.8	8.9	5.4

There has been a steady fall in the percentage of adulterated samples during the past three years.

Full details of the formal and informal samples are given in Tables I and II respectively, and Tables III and IV give particulars of all the irregular and adulterated samples.

Milk

A total of 59 samples of milk were taken under the Sale of Milk Regulations 1939. 42 of these were submitted as Milk, and only two were found to be adulterated, failing to comply with the legal standard of a minimum of 3 per cent. fat and 8.5 per cent. solids not fat. This is a very considerable decrease in the adulteration of samples taken during the previous year as shown by the following figures :—

	1953	1954	1955
Samples of milk taken ...	92	92	42
Percentage adulteration ...	11.9	12.0	4.7

The remaining 17 samples were of Channel Island Milk and two of these contained less than the required minimum of 4 per cent. fat.

	1953	1954	1955
Samples of Channel Island Milk	35	26	17
Percentage adulteration ...	5.7	11.5	11.7

Details of the average analyses of all the above milks are given in Tables V and VI. The figures show that there has been a slight decrease in the average figures for fat and solids not fat when compared with those of the previous year. Those of Channel Island Milk are identical with last year's figures. The quality of the milk supplied is quite good.

Only two samples of milk were examined for the presence of hypochlorites, or chlorates, and both were satisfactory.

Three samples of Hot Milk sold in cafes and restaurants were examined; one of these contained 12.4 per cent. of extraneous water. No samples of Cold Milk were examined during the year under review.

Flavoured Milk

One formal sample of raspberry flavoured milk was examined and found to contain more than the agreed limit of 85 per cent. of full cream milk.

Cream

Five samples of various kinds of cream were analysed. All were found to contain a good proportion of milk fat and complied with the appropriate standards.

Butter

Ten samples of butter, including four formal samples, were examined and all found to be genuine with the exception of one which contained an excess of water.

Bread and Butter

Nine formal samples of bread and butter were submitted for analysis. In the case of seven of these, butter had been used, but the remaining two contained a mixture of margarine and butter.

Ice Cream

Eight samples of ice cream were examined and all found to be genuine. The minimum standard of fat is 5 per cent. Seven

of the samples contained over 10 per cent. of fat and show that the quality of ice cream sold in the Borough is very good indeed.

Sausages

29 samples of various types of sausages were examined during the year. Of these, nine, all pork sausages, were found to contain less than 65 per cent. of meat. The Statutory Order laying down the minimum percentage of meat in both pork and beef sausages was withdrawn during the year, but it is the opinion of Public Analysts that a meat content of 65 per cent. pork and 50 per cent. beef is a reasonable one. The average meat content of all the 20 pork sausages, including the nine deficient ones, was 64.5 per cent.

Meat Pastes and Minced Meat

Five samples of minced meat and meat paste were examined and all found to contain over 50 per cent. of meat, and in one case was as high as 80 per cent., which is very satisfactory.

Jams and Marmalade

Five samples of jam of various kinds, and four of marmalade were examined. Of the jams, two, both raspberry jam, were found to be deficient in fruit. All the other samples were satisfactory.

Soft Drinks

Thirteen samples of various types of soft drink were examined and all found to comply with the standards laid down in the Soft Drinks Order.

Spirits

Twelve samples of spirits, consisting of six samples of gin and six of scotch whisky were submitted to analysis and the quantity of proof spirit was in each case above the limit laid down.

Malt Vinegar

Nine samples of malt vinegar were examined. Seven were found to be satisfactory but of the other two one was found to be a mixture of malt and artificial vinegar and the other contained a fungoid growth.

Sugar Confectionery

Thirteen different kinds of sweets were examined. Eight were sold as butter sweets of various kinds, and three of these contained

less than the requisite amount of butter, the minimum being 4 per cent. The remaining samples were satisfactory.

Dried Fruits

Eleven samples of dried fruit, which included five of prunes, were examined and all found to be satisfactory.

Spices

Seven samples of ground spice, ground ginger, cinnamon and nutmeg were examined and found to be of good quality and free from adulterants and extraneous matter.

Tinned Foods

Twenty-five samples of tinned food were examined, particularly for the presence of metallic contamination. Ten of these consisted of various kinds of fish and nine were vegetables and fruit. The remainder consisted of three soups, molasses, a nut meat and a meatless steak. The latter consisted mainly of wheat gluten shaped as a steak and was entirely composed of vegetable ingredients.

All these tinned foods were in very good condition and were not contaminated with any injurious metals through corrosion of the tin.

Foreign Matter and Dirt in Foods

All the samples of food examined were found to be free from gross foreign matter and in a clean condition and the only sample found to be in an unsound condition was a vinegar which contained a fungoid growth.

Drugs

A total of 106 drugs were examined, and of these, only one was found to be unsatisfactory. This represents a percentage adulteration of less than 1 which is a great improvement on last year's figure of 4.4 per cent.

The unsatisfactory sample was one of Gee's Linctus which did not comply with the standard laid down in the British Pharmaceutical Codex.

Fifty-four of these samples of drugs consisted of various medicines which are not included in the British Pharmacopeia, B.P.C., or the National Formulary. The composition of all these, with the exception of one, were found to agree with the various

statements contained on the labels, as far as it was possible to determine by analysis. The exception was a sample of Ribena, where the label was incorrectly printed as 0.35 per cent. of sulphur dioxide instead of 0.035 per cent. Several other labels were irregular, no dose being stated on three and an irregularity in the wording of three of the others.

Labelling of Food Order

Seventeen samples of various foods were examined under the Labelling of Food Order which requires a declaration of ingredients. Fourteen of these were correctly labelled and among the remainder was a sample marked "Table Jelly" which consisted of jelly crystals and a tinned turtle soup which did not declare the sugar present.

Special Samples

Nineteen samples were submitted for special examination and these are listed in Table VII. Fifteen of these were of various kinds of food, five of which were examined specially for irritant and other metallic contamination and found to be fit for human consumption. One of these was a sample of haddock fillets which had a dirty appearance through contact with the aluminium container. The quantity of aluminium was negligible. A sample of margarine was found to be rancid and bread contaminated with an oily substance.

Among the remaining four samples was a milk bottle examined for efficiency of cleansing and found to be satisfactory, and an opened soda water syphon which contained part of an insect.

A sample of the water from the Bourne Stream was examined and found to be polluted with oil derived from gas liquor.

Water Supply

Regular monthly samples of both the main sources of water supply in the Borough were examined. The results have shown that the water has been maintained in a satisfactory condition and there has been an improvement in the amount of chlorination. In every sample free chlorine was present. This is essential where a purified river water is used for drinking purposes.

Fertilisers and Feeding Stuffs Act, 1926.

Five formal and five informal samples of fertiliser were examined during the year. On analysis, six of these were found to be satisfactory but four were unsatisfactory, representing a proportion of

40 per cent. In the case of two of these the variation in the analysis from that given in the Statutory Statement was not considered to be to the prejudice of the purchaser, but in the case of the other two samples, a meat and bone meal and a liquid manure there was a much greater discrepancy.

A total of nine feeding stuffs, six of them formal, were examined. Seven of these were found to be satisfactory, but in a sample of growers mash and one of layers pellets some of the figures shown by analysis were outside the limits of variation allowed by the Regulations. In each case, however, the difference was not considered to be prejudicial to the purchaser.

New regulations under the Fertilisers and Feeding Stuffs Act were drawn up during the year and came into force on January 1st, 1956. These will remove many of the anomalies existing under the present Act.

Sewage Disposal

Regular samples have been taken of the effluents from Kinson Sewage Disposal Works and have shown that there has been a very considerable improvement in the standard of the final effluent. For a period, monthly samples were taken to ascertain the efficiency of various sections of the Works.

The quantity of copper found in the crude sewage has been generally less than previously, but still there is trouble through the accumulation of copper at times in the sludge, preventing efficient digestion.

Stream Water

Monthly samples of the Bourne Stream have been taken at the Borough boundary and at the Lower Pleasure Gardens, and in general show that an improvement takes place during its progress through the Gardens. On occasions the results of the analysis of samples from the Borough boundary show that abnormal pollution has taken place.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

ARTHUR S. CARLOS,

Public Analyst and Official Agricultural Analyst.

TABLE I
129 Formal Samples.

Nature of sample	Examined	Genuine	Adulterated	Percentage adulteration
FOODS.				
Almonds, buttered	1	—	1	100
Bread and Butter	9	7	2	22
Butter	4	3	1	25
Butter Drops	2	1	1	50
Cherry Wine	1	1	—	—
Cider	3	3	—	—
Cream	3	3	—	—
Crystallised Ginger	1	1	—	—
Custard Powder	3	3	—	—
Ginger Cordial	1	1	—	—
Ginger Wine	1	1	—	—
Ginger Ground	2	2	—	—
Glace Cherries	1	1	—	—
Hot Milk	3	2	1	33 $\frac{1}{3}$
Jam	1	—	1	100
Ice Cream	3	3	—	—
Lard	3	3	—	—
Marzipan	3	3	—	—
Milk	13	12	1	7.7
Milk, Channel Island	4	4	—	—
Milk, Raspberry Flavoured	1	1	—	—
Mixed Peel	1	1	—	—
Nutmeg	1	1	—	—
Olive Oil... ..	3	3	—	—
Pickled Onions	3	3	—	—
Prunes	5	5	—	—
Sausages, beef	3	3	—	—
Sausages, pork	8	6	2	25
Spirits—				
Gin	6	6	—	—
Scotch Whisky	6	6	—	—
Soft Drinks—				
Blackcurrant Juice	1	1	—	—
Grape Juice	1	1	—	—
Lime Juice Cordial	2	2	—	—
Orange Juice with sugar	1	1	—	—
Pineapple Juice	1	1	—	—
Stuffing	6	6	—	—
Swiss Rolls, chocolate	3	3	—	—
Sugar Confectionery	2	2	—	—
Tea	3	3	—	—
Vinegar, malt	4	4	—	—
DRUGS.				
Balsam of Aniseed	1	1	—	—
Citric Acid	3	3	—	—
Rose Hip Syrup	2	2	—	—
	<hr/> 129	<hr/> 119	<hr/> 10	<hr/> 7.7

TABLE II
353 Informal Samples.

Nature of sample	Examined	Genuine	Adulterated	Percentage adulteration
Almonds, buttered	3	2	1	33 $\frac{1}{3}$
Almonds, sugared	2	2	—	—
Almonds, ground	3	3	—	—
Beer, mild	3	3	—	—
Butter	6	6	—	—
Brazils, buttered	2	2	—	—
Chocolate, full cream block ...	1	1	—	—
Chutney	2	2	—	—
Cocktail Cherries	2	2	—	—
Cocktail Cracklings	1	1	—	—
Coconut desiccated	6	6	—	—
Coffee	4	4	—	—
Crab Paste	1	1	—	—
Cream, double	2	2	—	—
Crystallised Ginger	2	2	—	—
Curry Powder	2	2	—	—
Custard Powder	1	1	—	—
Fish Cakes	1	1	—	—
Fish, tinned	10	10	—	—
Flavouring Essences	4	4	—	—
Flour	3	3	—	—
Flour, wholemeal	3	3	—	—
Gelatine Crystals	5	5	—	—
Gravy Browning	4	4	—	—
Ground Cinnamon	1	1	—	—
Ground Ginger	2	2	—	—
Ground Nutmeg	1	1	—	—
Honey	4	4	—	—
Horseradish Relish	1	1	—	—
Ice Cream	5	5	—	—
Ice Lollies	8	8	—	—
Jam	4	3	1	25
Lemon Juice, real	1	1	—	—
Lemonade Powder	3	3	—	—
Margarine	5	5	—	—
Marmalade	4	4	—	—
Milk	29	28	1	3.4
Milk, Channel Island	13	11	2	15.4
Milk for Hypochlorate test ...	2	2	—	—
Milk, condensed, full cream ...	2	2	—	—
Milk, condensed, skimmed ...	1	1	—	—
Milk, evaporated	4	4	—	—
Milk Foods	4	4	—	—
Meat Paste	3	3	—	—
Meringue Powder	1	1	—	—
Mincemeat	4	4	—	—
Molasses, tinned	1	1	—	—
Nutmeat... ..	1	1	—	—
Peas, dried	4	4	—	—
Pickles	2	2	—	—
Pork Pie	4	4	—	—

TABLE II—*continued*

Nature of Sample				Examined	Genuine	Adulterated	Percentage adulterated
Pork, real minced	...	...		1	1	—	—
Rennet, essence of	...	...		3	3	—	—
Salad Cream	...	...		3	3	—	—
Sandwich Spread	...	...		2	2	—	—
Sausages, beef	...	...		1	1	—	—
Sausages, pork	...	...		12	5	7	58.3
Sausages, breakfast	...	...		1	1	—	—
Sausages, liver	...	...		2	2	—	—
Sausages, luncheon	...	...		2	2	—	—
Sauce	...	...		1	1	—	—
Savoury Spread	...	...		1	1	—	—
Sherbet	...	...		3	3	—	—
Soft Drinks—							
Lemon Squash	...	...		2	2	—	—
Lucozade	...	...		1	1	—	—
Orange Squash	...	...		1	1	—	—
Tonic Water	...	...		3	3	—	—
Soup	...	...		3	3	—	—
Steak, meatless	...	...		1	1	—	—
Steak pie	...	...		1	1	—	—
Stuffed Olives	...	...		1	1	—	—
Sultanas	...	...		1	1	—	—
Table Jelly	...	...		1	—	1	100
Tinned Artichokes	...	...		1	1	—	—
Tinned Rhubarb	...	...		2	2	—	—
Tinned Red Cherries	...	...		2	2	—	—
Tinned Spaghetti	...	...		3	3	—	—
Tinned Tomato Puree	...	...		1	1	—	—
Tomato Ketchup	...	...		4	4	—	—
Toffettes	...	...		1	1	—	—
Vinegar	...	...		5	3	2	40
Total Foods				253	238	15	6
DRUGS.							
Alpine Herb Tea	...	...		1	1	—	—
Ammon. Tinct. Quinine Tablets	...	...		3	3	—	—
Ascorbic Acid Tablets	...	...		2	2	—	—
Aspirin Tablets	...	...		1	1	—	—
Boracic Powder	...	...		4	4	—	—
Bronchial Mixture	...	...		2	2	—	—
Calamine Lotion	...	...		4	4	—	—
Cascara Sagrada	...	...		3	3	—	—
Codeine Tablets	...	...		2	2	—	—
Cough Mixture	...	...		6	6	—	—
Cough Linctus	...	...		5	4	1	20
Dalibour Water	...	...		1	1	—	—
Dandelion Coffee	...	...		1	1	—	—
Embrocation	...	...		4	4	—	—
Eye Ointment	...	...		1	1	—	—
Glycerin of Thymol	...	...		4	4	—	—
Fersolate Tablets	...	...		1	1	—	—

TABLE II—*continued*

Nature of sample				Examined	Genuine	Adulterated	Percentage Adulterated
Inhalants	...	...	...	3	3	—	—
Insomnia Pills	...	...	...	3	3	—	—
Menthol Crystals	...	...	...	1	1	—	—
Nasal Drops	...	...	...	2	2	—	—
Obesity Tablets...	...	...	...	2	2	—	—
Oil of Eucalyptus	...	...	...	3	3	—	—
Potassium Citrate	...	...	...	2	2	—	—
Quinine and Cinnamon Capsules	...	...	...	4	4	—	—
Ribena	...	...	...	1	1	—	—
Saccharin Tablets	...	...	...	4	4	—	—
Salicylic Acid Ointment	...	...	...	4	4	—	—
Skin Ointment	...	...	...	4	4	—	—
Sodium Bicarbonate	...	...	...	2	2	—	—
Tartaric Acid	...	...	...	4	4	—	—
Teething Powder	...	...	...	10	10	—	—
White Precipitate Ointment	...	...	...	1	1	—	—
Worm Cakes	...	...	...	4	4	—	—
Yerba Mate Tea	...	...	...	1	1	—	—
Total Drugs				100	99	1	1
Total Food and Drugs				353	337	16	4.5

TABLE III

Adulterated Formal Samples.

No.	Nature			Nature of Adulteration or Irregularity		
231	Almonds,	buttered	...	24.5%	deficient in butter.	
229	Bread and	Butter	...	Margarine 79%,	Butter 21%.	
724	Buttered	Toast	...	Reichert Wollny 22.3,	Kirschner 17.	
1036	Butter	...	...	2.9%	excess of water.	
737	Butter	Drops	...	83.5%	deficient in butter.	
506	Hot Milk	...	...	12.4%	extraneous water.	Freezing
					Point —0.495 degrees	Centigrade.
729	Raspberry	Jam	...	21%	deficient in fruit.	
244	Milk	...	...	18.3%	fat deficient.	Freezing Point
					—0.588 degrees	Centigrade.
397	Sausages,	pork	...	4.3%	deficient in meat.	
398	Sausages,	pork	...	2.1%	deficient in meat.	

TABLE IV

Adulterated Informal Samples.

No.	Nature			Nature of Adulteration or Irregularity		
C.13	Almonds,	buttered	...	24.5%	deficient in butter.	
C.11	Gee's	Linctus	...	Wt/ml. 1.164.	Alc. 16.60 w/v.	
				Anhydrous morphine	0.012 w/v.	
C.15	Milk,	Channel Island	...	3.9%	fat.	

TABLE IV—*continued*

No.	Name	Nature of Adulteration or Irregularity	
E.21	Milk, Channel Island	...	Not up to standard of 4 per cent. fat.
C.26	Milk	... ..	4% fat deficient.
E.5	Sausages, pork	...	6% deficient in meat.
E.6	Sausages, pork	...	22.9% deficient in meat.
E.7	Sausages, pork	...	2.9% deficient in meat.
E.8	Sausages, pork	...	10.8% deficient in meat.
A.32	Sausages, pork	...	5.4% deficient in meat.
F.42	Sausages, pork	...	2.2% deficient in meat.
B.50	Sausages, chippolata	...	21.7% deficient in meat.
E.41	Table Jelly...	...	Crystals, not jelly.
F.51	Vinegar	... ..	Not more than 75% Malt Vinegar.
F.53	Vinegar	... ..	Fungoid growth.
F.28	Raspberry Jam	...	16.3% deficient in fruit.

TABLE V

Milk (excluding Channel Island)

Average percentage of Fat and Non-fatty Solids.

Quarter	No. of Samples	Percentage Fat	Percentage Non-fatty Solids
1	9	3.51	8.76
2	14	3.24	8.75
3	12	3.43	8.75
4	7	3.68	8.80
	—	—	—
For whole period	42	3.42	8.76
	—	—	—

TABLE VI

Channel Island Milk.

Average percentage of Fat and Non-fatty Solids.

Quarter	No. of Samples	Percentage Fat	Percentage Non-fatty Solids
1	4	4.27	9.02
2	7	4.15	9.06
3	2	4.35	9.02
4	4	4.36	9.15
	—	—	—
For whole period	17	4.26	9.07
	—	—	—

TABLE VII

Special Samples.

No.	Nature	Reported	
B.3 (S)	Bread	...	Contained oily or fatty foreign matter.
F.3 (S)	Custard Powder...	...	In good condition : fit for human consumption.

TABLE VII—*continued*

<i>No.</i>	<i>Name</i>			<i>Reported</i>
D.5 (S)	Lemon Curd	...	...	Small amount of mould. Fit for human consumption.
A.3 (S)	Soda Water and Syphon			Old Stock. Contained portions of insect.
B.1 (S)	Margarine	...	...	Rancid. Unfit for human consumption.
D.3 (S)	Raw frozen Kidney and			} Free from tin and other irritant metals.
D.4 (S)	Beef Steak	...	...
D.1 (S)	Luncheon Meat	...	...	Satisfactory.
D.2 (S)	Luncheon Meat	...	...	Satisfactory.
F.2 (S)	Loganberries, tinned	...	...	In good condition.
B.2 (S)	Haddock Fillets...	...	...	Not harmful but of dirty appearance due to friction against aluminium containers.
B.1 (S)	Bournemouth Rock	...	...	Fit for human consumption.
F.1 (S)	Beef Steak	...	...	Genuine Beef Steak.
A.1 (S)	Dried Prunes	...	...	Genuine.
C.1 (S)	Milk and			Milk fit for human consumption
C.2 (S)	Empty Bottle	...	...	Bottle efficiently cleansed.
A.2 (S)	Deposit	...	...	Ash from coal and wood fire.
S.d. (1)	Tinned Pears in Light Syrup	...	...	Tin content high but not sufficient to give rise to food poisoning.
	Water from Bourne Stream			Stream polluted with oil derived from gas liquor.

TABLE VIII

Samples examined under the Fertilisers and Feeding Stuffs Act, 1926.

					<i>Total</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
FERTILISERS.							
Formal.							
Sulphate of Ammonia	...	...	...	1	—		1
National Growmore	...	...	...	1	1		—
Concentrated Liquid Manure	...	...	...	1	1		—
Meat and Bone Meal	...	...	...	2	1		1
Informal.							
Sulphate of Potash	...	...	...	1	1		—
Concentrated Liquid Manure	...	...	...	1	—		1
Dried Blood	...	...	...	1	—		1
Steamed Meat and Bone Meal	...	...	...	1	1		—
Superphosphate	...	...	...	1	1		—
FEEDING STUFFS.							
Formal.							
Milk Nuts	...	...	...	1	1		—
Layers Mash	...	...	...	2	2		—
Layers Pellets	...	...	...	2	2		—
Growers Mash	...	...	...	1	—		1
Informal.							
Layers Pellets	...	...	...	2	1		1
Layers Mash	...	...	...	1	1		—



COUNTY BOROUGH OF BOURNEMOUTH

EDUCATION COMMITTEE

Annual Report

of the

Principal
School Medical Officer

Year 1955

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Second Annual Report as Principal Medical Officer to the Education Committee, the forty-eighth of a series dealing with the health of children attending your Schools.

From its inception during the early years of the century, the School Health Service has interpreted its functions widely. In 1907, the Board (now Ministry) of Education, in its Memorandum on Medical Inspection, stated :—

“the fundamental principle of section 13 of the New Act is the medical examination and supervision, not only of children known or suspected to be weakly or ailing, but of all children in the Elementary Schools, with a view to adapting and modifying the system of education to the needs and capacities of the child, securing the early detection of unsuspected defects, checking incipient maladies at their onset, and furnishing the facts which will guide Education Authorities in relation to physical and mental development during school life.”

In other words, the objects of the service are to maintain the health of the school population at its highest possible level, so that all children can derive the maximum possible benefit from the education provided for them and ultimately be able to leave school mentally and physically fit to play their full part in the community.

These objects can only be achieved by the closest co-operation between teachers, doctors and nurses, for the school leaver is the final product of a wide variety of circumstances and endeavours. The health of the school child is dependent, not only upon the school, but on the community in which he lives, and only a service which integrates school health with community health can achieve the highest results. The great advantages to the health of the school child in an authority where the Medical Officer of Health is also the School Medical Officer are very apparent, and in such an integrated service the Health Visitor is able to continue the supervision of the pre-school child in her capacity as school nurse. The medical and social background of school entrants is therefore known, to the great advantage of both teacher and child.

Today, the School Health Service does much more than ascertain physical defects in children, although routine medical examination at intervals throughout school life remains one of its most important functions. The hygiene of school buildings, the control of infectious disease, physical exercise and games, the supervision of school kitchens and school meals, social and mental hygiene, all come within the purview of the School Health Service,

and a measure of its success is the excellent physical and mental health of the great majority of school children, advantages that were not always enjoyed by their parents and grandparents at corresponding ages.

The National Health Service has complemented the work of the School Health Service by providing general and specialist treatment for both pre-school and school children, and by largely relieving the School Health Service of the necessity of providing treatment has given it greater opportunities for emphasis on positive health and well-being. Perhaps in the not too distant future we may hope for an even further reduction in the number of Handicapped Children requiring special educational facilities. There are on the register at the present time 412 children so classified, out of a total of over 16,000 school children, and a considerable proportion of the time of School Medical Officers is taken up by special examinations of these, and of the much larger number with minor handicaps whose position in the ordinary school can only be sustained by careful educational and medical supervision.

The School Dental Service and the Child Guidance Centre have now become essential parts of the School Health Service, and the reports of Mr. A. A. Wood and Dr. W. H. Whiles give an indication of the excellent work being carried out on behalf of the school children in the Borough.

Outbreaks of infectious disease have been very few, but an epidemic of measles, a disease which occurs with regular biennial frequency accounted for 966 notifications among school children, compared with 9 during the previous year. The other infectious diseases claimed fewer victims, and there were no outbreaks of food poisoning associated with the School Meals Service, which provided on average over 7,000 meals a day.

Health Education in the schools has continued as far as the limited resources of the Health Visitors/School Nurses allow, and Mothercraft talks have been given at Avonbourne Secondary Modern School.

In concluding this introduction to my Report, my thanks are due to you, Mr. Chairman, to the members of the Education Committee, and to your Chief Education Officer, Mr. W. R. Smedley, for your close and helpful co-operation.

Finally, I sincerely thank my Staff for their conscientious work in maintaining the high traditions of the School Health Service.

I am,

Yours faithfully,

WILLIAM FIELDING.

SCHOOL HEALTH SERVICE STAFF.

(As at 31st December, 1955).

Principal School Medical Officer :

WILLIAM FIELDING, M.D., B.SC., D.P.H.

Deputy Principal School Medical Officer :

J. H. MAUGHAN, M.B., B.S., D.P.H.

School Medical Officers :

CHARLES J. SANDERSON, M.R.C.S., L.R.C.P., D.P.H.

FRANZ A. HEIMANN, L.R.C.P., L.R.C.S., L.R.F.P.S., M.D. (Breslau)

PAULINE K. KEATING, L.R.C.S.(I), L.R.C.P.(I), L.M., D.C.H.

Principal School Dental Officer :

A. A. WOOD, L.D.S., R.C.S.

School Dental Officers :

H. S. HOOPER, B.D.S., L.D.S., R.C.S.

F. E. LOCKWOOD, B.D.S. (Univ. L'pool)

W. J. MACKILLOP, L.D.S. (Hons.), R.F.P.S. (Glas.).

Dental Attendants :

D. M. COX, B. M. READ, F. M. WILDING, N. WOODS

Consultant Children's Psychiatrist (Part-time) :

*W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist :

B. WORTHINGTON FOXLEY, B.SC.(Hons.), P.G.A.D.P.

Psychiatric Social Worker :

M. R. BARNES

Ophthalmic Surgeons (Part-time) :

*E. P. TULLOH, M.B., B.S., D.O.M.S.

*E. R. BOWES, M.D., B.S., D.O.M.S.

Orthoptist (Part-time) :

*M. P. BARTLETT, D.B.O.

* Employed by South West Metropolitan Regional Hospital Board.

Orthopaedic Surgeons (Part time) .

Services provided by Surgeons from Lord Mayor Treloar
Orthopaedic Hospital.

Physiotherapist-in-charge:

E. O. JOSEPH, M.C.S.P.

Assistant Physiotherapist:

J. DAVEY, M.C.S.P.

Speech Therapist:

V. ABELSON

Superintendent Health Visitor and School Nurse:

W. MELHUSH

Health Visitors and School Nurses:

L. M. AUSTIN	C. C. HANNAN
C. V. BAILEY	E. M. LITTEN
E. I. BARTLETT	G. M. LUNN
P. M. CAREY	S. RODD
M. G. CORNISH	G. E. C. STEEL
F. DARLINGTON	B. TURNER
E. M. GIBBS	E. TURNER
M. J. GROSVENOR	J. WILKINSON

Clerk in charge of School Health Service Section:

F. J. GOODE

Clerks:

E. G. PAYNE, M. H. W. WATTON, D. WOODGATE,
B. JOHNSON (Child Guidance Centre)

SCHOOLS AND SCHOLARS

Number of Primary Schools ...	...	...	35
Number of Secondary Modern Schools	...	...	9
Number of Secondary Grammar Schools	...	...	2
Average attendance ...	...	...	14,793
Average number on School Registers	...	...	16,120

A TABLE SHOWING THE NUMBER AND NATURE OF THE DEFECTS FOUND DURING EXAMINATION OF CHILDREN IN THE PRESCRIBED AGE-GROUPS AND OF OTHERS "PERIODICALLY INSPECTED".

DEFECTS	Entrants 1,203		Children Aged 10 1,323		Children Aged 14 1,054		Other Periodic Inspections 2,262	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin	10	11	6	18	8	29	16	40
Eyes :—								
Defective Vision ...	12	6	133	34	148	39	414	94
Squint	27	1	14	5	6	3	24	1
Other	2	9	4	16	3	24	5	17
Ears :—								
Defective hearing ...	7	1	3	3	—	1	6	4
Otitis Media	2	—	2	1	—	—	1	—
Other	—	3	1	—	2	—	1	1
Nose and Throat ...	41	101	9	56	5	59	28	81
Speech	5	2	1	5	2	8	10	4
Cervical glands ...	—	13	—	13	—	1	1	5
Heart and Circulation ...	3	3	4	3	—	3	3	9
Lungs	1	10	2	6	—	1	4	.
Developmental :—								
Hernia	1	—	1	1	1	—	—	—
Other	—	6	7	17	3	26	6	17
Orthopaedic :—								
Posture	5	—	38	6	32	7	67	27
Flat foot	33	3	16	2	15	5	23	8
Other	13	14	14	10	8	7	22	10
Nervous System :—								
Epilepsy	—	—	2	—	1	1	1	—
Other	—	—	—	—	—	3	1	2
Psychological :—								
Development	—	—	6	2	1	2	—	—
Stability	—	11	2	9	—	3	3	8
Other	—	—	—	—	2	6	4	5
	162	194	265	207	235	228	640	341

MEDICAL INSPECTION

No change has taken place in routine medical inspections during the year, and children have been inspected in the groups prescribed in the Education Act, 1944, and the School Health Service and Handicapped Pupils Regulations, 1953 :--

- (a) Pupils admitted for the first time to a maintained school (at the age of 5 years) ;
- (b) Pupils attending a maintained primary school during the last year of attendance (between the ages of 9-10 years) ;
- (c) Pupils attending a maintained secondary school during the last year of attendance (at about the age of 14 years).

Periodic examinations at various ages were also carried out in the Boys' and Girls' Secondary Grammar Schools. There were also re-examinations and special examinations for scholars at all ages who were found to have defects which required to be kept under observation.

FINDINGS OF MEDICAL INSPECTION

(a) *Uncleanliness.*

The incidence of uncleanliness continues to decline and for the first time less than a hundred (86) pupils were found to be infested with lice or nits out of nearly forty thousand examinations. The incidence of Scabies also markedly declined, only two cases being discovered, compared with 11 cases during 1954. Many of these infestations are of a very minor character, but it is worthy of note that of the 86 cases occurring during 1955, 17 occurred in Secondary School Children.

The decline in uncleanliness, which has been observed all over the country during the last two decades, is undoubtedly due to a combination of factors, improved living standards of the population, a better appreciation by parents of standards of personal hygiene, and to greatly improved methods of treatment of minor infestations.

Arrangements for dealing with cases of uncleanliness have continued unchanged, the majority of treatments being carried out by the parents with materials supplied by the School Health Service. The child is excluded for a short period and inspected by the School Nurse before readmission to school.

Infestation with Vermin

Examinations in Schools

<i>Year</i>	<i>Average No. on School Registers</i>	<i>No. of Examinations</i>	<i>No. of individual pupils found infested</i>
1955	16,120	39,804	86
1954	15,898	37,851	101
1953	15,554	36,566	163
1952	15,121	38,773	218
1951	14,552	36,951	184
1950	14,183	35,093	235
1949	13,750	34,139	264
1948	12,017	34,075	296
1947	11,126	34,340	434
1946	10,916	32,170	539
1945	10,153	31,667	521
1944	10,945	34,219	503
1943	10,586	29,157	511
1942	11,192	32,616	651
1941	11,785	31,127	607
1940	11,060	31,003	593
1939	13,249	36,835	755
1938	10,143	32,601	581
1937	10,124	28,766	645
1936	9,987	27,616	483

} Includes
Evacuees

(b) General Condition.

The steady improvement in the general physique of school children has for some years been a source of comment and congratulation and even during the War years, when the diet of the civilian population often left much to be desired, the health of the children was safeguarded by special rations and showed little or no evidence of deterioration. The issue of milk in school, and the provision of subsidised school meals must undoubtedly have played a large part in improving the physique of school children to its present day high level and over 99 per cent. of the school children examined during 1955 were classified as of normal or superior physique.

Age Groups	A. (Good)			B. (Fair)			C. (Poor)		
	1953	1954	1955	1953	1954	1955	1953	1954	1955

Entrants ...	13.14	20.26	26.43	85.18	79.58	73.15	1.68	0.16	0.42
Second Age Group ...	24.11	21.00	29.02	73.49	78.15	70.37	2.40	0.85	0.61
Third Age Group ...	26.68	24.96	30.17	72.08	74.81	69.64	1.24	0.23	0.19
Other Periodic Inspections	41.73	39.07	41.69	57.87	60.78	58.13	0.40	0.15	0.18

(c) Minor Ailments.

During 1955, three cases of ringworm of the scalp were discovered in one family, but a careful supervision of the schools involved showed no evidence of any spread of the infection. In addition, two cases of scabies and 12 cases of ringworm of the body were treated.

Most of the treatment for minor ailments, which prior to 1948 was carried out through the School Health Service, is now undertaken by the family doctors.

(d) *Vision.*

Defective vision, if not corrected early, may profoundly affect the child's educational progress, and in addition to the routine periodic medical inspections, a special vision survey is carried out on children when they attain the age of 7 years. Defective vision when discovered, may be corrected either by the opticians serving the town, or by the Consultant Ophthalmologists attending the Clinic, at the parents' choice. An Orthoptist and an Optician also attend the Clinic at "Avebury".

(e) *Defects of the Nose and Throat.*

In 1955, 493 children were operated upon for the removal of tonsils and adenoids, compared with 302 in the preceding year. The tendency today is to operate less frequently than was the custom twenty or thirty years ago, for it has been found that the condition retrogresses naturally in a large number of cases, and only where there is evidence that the tonsils are severely diseased or leading to constitutional disturbance is the operation fully justified.

(f) *Treatment of Children in Hospital.*

The following information is given from hospital discharge reports received during the year :—

	<i>Group of Diseases</i>					<i>No. of Children</i>
1.	Infections or Parasitic Diseases	...	...	...	...	23
2.	Neoplasms (a) Benign	...	...	...	...	5
	(b) Malignant	...	...	...	...	—
3.	Allergic, Endocrine, Metabolic and Nutritional	...	...	...	...	8
4.	Diseases of blood and blood forming organs	...	...	...	...	1
5.	Mental, Psychoneurotic	...	...	...	...	1
6.	Diseases of Nervous System and Special Senses	...	...	...	...	*76
7.	Diseases of Circulatory System and Lymphatics	...	...	...	...	7
8.	Diseases of Respiratory System	...	...	...	...	†521
9.	Diseases of Digestive System	...	...	...	...	93
10.	Genito-Urinary System	...	...	...	...	23
11.	Skin and Cellular Tissues	...	...	...	...	9
12.	Bones, etc.	...	...	...	...	169
13.	Accidents, Poisoning and Violence	...	...	...	...	72

* Includes 27 operations for "squint".

† Includes 493 cases for tonsillectomy.

MINOR AILMENTS CLINICS

As has been previously remarked, minor ailments in schoolchildren are now tending to be dealt with by the general medical practitioner as part of the National Health Service, and the time is probably not far distant when these Clinics, which have done so much for schoolchildren in the past, will become redundant. At the present time, they have a limited usefulness, particularly so as they give opportunities for the Medical Officer and School Nurse to carry out special examinations and perform immunisations against diphtheria, and towards the end of the year an additional Minor Ailments Clinic was opened at Summerbee County Secondary School. The Kinson Clinic was transferred to Kinson County Primary School.

It would seem appropriate, in the new schools that are being built, in developing areas of the Borough, for more and more of the Minor Ailments Clinic work to be carried out in the schools themselves, rather than in other premises divorced from the schools. Much school time would be saved thereby, but facilities are unfortunately not available in many of the older schools.

During the year, 4,590 attendances were made at the nine Clinics.

LIST OF CLINICS HELD FOR SCHOOL CHILDREN

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Minor Ailments Clinics.					
Malmesbury Park : 70, Stewart Road	AFTERNOON	—	—	—	MORNING
Winton : Somerley Road ...	AFTERNOON	—	—	AFTERNOON	—
Pokesdown : 896, Christchurch Road	AFTERNOON	—	MORNING	—	—
East Howe : Moorlea, Caroline Road ...	MORNING	—	—	—	MORNING
Charminster : East Way ...	AFTERNOON	—	—	MORNING	—
Southbourne : Gospel Hall, Cranleigh Rd.	—	—	MORNING	—	MORNING
Kinson : C.P. School, Poole Lane ...	—	—	—	MORNING	—
West Howe : At South Kinson C.P.	MORNING	—	—	—	MORNING
Infants' School, Mount Road ...	—	—	—	—	—
Summerbee County Secondary School, Mallard Road ...	—	—	—	MORNING	—
Dental Clinics.					
Central : 10, Madeira Road ...	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON
Pokesdown : 896, Christchurch Road	Do.	Do.	Do.	Do.	Do.
Winton : 19, Cranmer Road ...	Do.	Do.	Do.	Do.	Do.
East Howe : Moorlea, Caroline Road ...	Do.	Do.	Do.	Do.	Do.
Eye Clinics.					
Central : 10, Madeira Road ...	MORNING AND AFTERNOON	—	MORNING	—	—
Pokesdown : 896, Christchurch Road	—	—	—	MORNING	—
Child Guidance Centre.					
896, Christchurch Road, Pokesdown ...	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING, AFTERNOON AND EVENING	MORNING AND AFTERNOON	MORNING AND AFTERNOON

{ Surgeon's sessions—1st and 3rd Wednesdays (p.m.) each month (1 surgeon) ;
 2nd and 4th Wednesdays (p.m.) each month (2 surgeons)
 Physiotherapy—daily by appointment.

Children's Orthopaedic Clinic,
 70, Stewart Road

VISUAL DEFECTS

Two Ophthalmic Surgeons have undertaken refractions at the "Avebury" and Pokesdown Clinics; the arrangement has worked very well, children having been promptly dealt with and there has been little waiting time for glasses for those found to be in need.

During the year 411 new cases were examined and 247 of these were prescribed glasses for the first time.

Number of children examined	...	...	...	1557
Number of attendances	...	...	...	1790
Number of children for whom glasses were prescribed	...			680

Orthoptic Clinic.

227 Patients have received treatment or are under supervision, of these 54 were new cases referred by the Ophthalmic Surgeons.

A total of 956 attendances were made for treatment or observation.

27 children have received operative treatment.

ORTHOPAEDICS

During the year the Specialist Orthopaedic Service for school children has again been carried out in an exceedingly efficient manner by the surgeons of the Lord Mayor Treloar Hospital, Alton.

The consultant sessions are held in our own clinic at 70, Stewart Road.

Details of attendances for the past year are as follows :—

Number of scholars seen by the surgeons	...	...	464
Number of new cases	...	...	210

Defects found.

Genu Valgum/Genu Varum and other knee defects	...	70
Spastic conditions	...	14
Due to Anterior Poliomyelitis	...	17
Spinal Curvature and Poor Posture	...	24
Osteomyelitis	...	5
Congenital dislocation of the hip	...	5
Deformities of the foot	...	253
Torticollis	...	4
Other conditions	...	72

Two full-time physiotherapists attend the surgeons' sessions and beyond this, hold classes for remedial exercises. They also give electrical and ultra violet light treatment.

During the year 5,013 attendances were recorded, 3,656 for individual treatments and 1,357 for class treatments. 502 new patients were treated.

49 children were received as in-patients at the Lord Mayor Treloar Orthopaedic Hospital and 14 others at the Royal Victoria Hospital, Boscombe.

ULTRA VIOLET RAY CLINIC

This clinic has again been available throughout the year for children considered in need of such treatment. There is no doubt that in certain conditions of general debility particularly following some severe illness a course of Ultra Violet Light can act as a most useful tonic.

SPEECH THERAPY

As during last year, there is one whole time speech therapist who visits the various schools where Speech Classes are held. Children with defects are first examined by one of the School Medical Officers and are seen periodically to decide how soon treatment may be discontinued.

As the work of the Child Guidance Centre develops there is no doubt that the need of a skilled qualified speech therapist has become most apparent. Not surprisingly the treatment prescribed for cases seen at this Clinic frequently includes speech therapy.

139 scholars were treated by the speech therapist during the year.

TUBERCULIN TESTING OF SCHOOLCHILDREN

The tuberculin testing of schoolchildren has now become a standard method of tuberculosis control, not only by the discovery of unsuspected cases among the family contacts of school entrants and other age groups, but also by the discovery of unsuspected cases among communities (such as schools) when a case or cases of tuberculosis have been reported.

The routine testing of school entrants by the "Patch" method was commenced in Bournemouth in 1951, and this continued until 1954. The general feeling today is that the "Patch" testing method, while easy to use, leads to a large number of "false positive" results, and the subsequent investigation of these cases is both time consuming and leads to considerable alarm on the part of parents, which may not be completely allayed even when the child

is finally given a clean bill of health. This method has now been largely superseded by the "Heaf Multiple Puncture Apparatus", a much more reliable and scientifically accurate method, but which our experience so far has shown to take up considerably more of the Medical Officer's time.

Because of staff shortages and the change over from Patch testing to the use of the Heaf apparatus only a very limited number were tuberculin tested during 1955, consisting of 344 children from four Primary Schools. These children were 7 years of age and had been periodically tested as school entrants, with negative results.

Of this number 5 had become positive reactors during the intervening two years, and of these subsequent testing showed one child to be a "false positive".

In September, 1955, one of the senior girls at the Grammar School was reported to be suffering from tuberculosis, and with the co-operation of Dr. W. H. Tattersall, Senior Consultant Chest Physician, investigations were made among the staff and the pupil contacts of the girl. An X-ray survey of the Staff gave negative results, and of 83 girls who were tuberculin tested, 27 gave a positive reaction showing evidence of previous contact with tuberculosis. All positive reactors were X-rayed, and two girls were found to have X-ray evidence of previous disease, but in neither case was there any need for treatment.

CHILD GUIDANCE CENTRE

We started this year with 59 more cases compared with the beginning of the previous year. Referrals have been considerably higher, being 26 more than in any previous year. The total number of children seen at the Clinic has been 418, which is 50 more than in any other year. Thus the total volume of clinic work is much greater than it has ever been, and looks like continuing to increase. We have been able to close a larger number of cases than previously. Of these 51 per cent. are children whom we have only needed to see for diagnosis and advice. Out of the children who have received any kind of treatment here, 62 per cent. have been closed, having achieved a satisfactory adjustment. A further number have improved—bringing the total who have benefitted from treatment to 82 per cent.

The sources of referral keep very much the same ; our highest proportion being from School Medical Officers and General Practitioners. We have again maintained the high number of direct referrals from parents, which we have always considered to be of importance. It is interesting to note that this view has been supported by the recent Ministry of Education's Report of the Committee on Maladjusted Children. The referrals in age groups remain similar to previous years. There has been a slight increase

in the proportion of children from Secondary Schools, although there has been a drop in the proportion of children in Grammar Schools or General Certificate of Education streams.

At the request of the School Medical Officers we have now arranged a monthly discussion group with them to help them to carry the principles of emotional and mental health into the broader spheres of their work.

The most important development during the year has been the two extra psychiatric sessions which have been granted by the Regional Hospital Board, and which commenced at the beginning of April. This has enabled us to reduce considerably the number of children awaiting psychiatric investigation and during most of the year there has been no serious delay, though this has increased again recently because of the large number of referrals towards the end of the year. It has also made it possible to take more children from the treatment waiting list and there are now 13 more children under regular psychotherapy by the Psychiatrist than was possible in other years. This has meant a correspondingly greater strain upon the work of the Psychiatric Social Worker. Not only has she had the extra diagnostic work involved in the increased number of referrals, but she is seeing 10 more parents for regular help while the children are under psychotherapy, and is seeing 36 more parents whose children are having more superficial treatment help.

One of the extra psychiatric sessions has been arranged in an evening so that more work can be done with adolescents, especially Grammar School pupils, without interfering with school work. This evening session has also enabled us to complete treatment with adolescents who leave school before treatment is terminated and who are unable to attend the Clinic by day. It is proving very valuable in helping them to adjust to the first stages of working life. The evening session has also proved valuable by making it possible to see more Fathers and to gain their greater co-operation in treatment. It is interesting that this need for Child Guidance work to extend into adolescence after school leaving age has also been advocated by the Ministry of Education Report mentioned before.

In reviewing the new cases that we have had during the year it is clear that they are all cases in whom investigation, if not actual treatment, is very definitely needed. We have had only two new referrals with whom we could not make contact. This shows the care which is taken in referring children and the greater awareness of the type of problems with which child guidance investigation and treatment is likely to help. We have again been encouraged by the close co-operation we have received from Doctors, Probation Officers, Health Visitors and the Children's Officer.

W. H. WHILES,
Consultant Children's Psychiatrist.

ANNUAL RETURNS FOR YEAR ENDING 31st DECEMBER, 1955

Carried over from 1954—Awaiting investigation	...	...	19
Total Open Cases	...	...	274
Total new cases referred during 1955	...	...	191
Total new cases seen	...	...	168
Total cases uneventuated	...	...	14
Cases closed during 1955	...	...	143
Cases re opened during 1955	...	...	10
Total open cases on 31st December, 1955	...	...	308
Awaiting investigation 31st December, 1955	...	...	28
Awaiting psychiatric investigation	...	...	36
Total Number of children seen during 1955	...	...	418

Source of Referral of Children Investigated

School Medical Officers	...	...	47
General Practitioners and Hospitals	...	...	47
Children's Officer (direct)	...	...	7
Head Teachers (direct)	...	...	19
Probation Officer and Juvenile Court	...	...	10
Parents	...	...	34
Victoria Home for Crippled Children	...	...	3
Other Social Agencies	...	...	1
			—
			168
			—

*Uneventuated — 14.**Age Groups of referrals*

Pre-school age	...	...	14
Infants School age	...	...	27
Junior School age	...	...	68
Secondary Modern	...	...	43
Grammar { G.C.E. Stream	...	...	9
{ Grammar School	...	...	5
Left School	...	...	2
			—
			168
			—

Reasons for Referral of Children Investigated.

Behaviour difficulties	...	...	57
Refusal to attend School	...	...	7
Educational advice	...	...	31
Nervous Symptoms	...	...	47
Psychosomatic Symptoms	...	...	13
Speech problems	...	...	13
			—
			168
			—

Summary of Recommendations.

Diagnostic and Advice only	...	...	45
Periodic survey and superficial treatment	...	...	40
* Residential placement	...	...	15
Treatment by Psychiatrist or Educational Psychologist	...	...	50
Still under investigation	...	...	15
Speech therapy	...	...	3
			—
			168
			—

** Residential Placements Advised.*

School for Maladjusted children	...	...	...	...	...	5
Psychiatric In-Patient Unit	...	...	...	...	...	5
Placement by Children's Officer	...	...	...	...	...	2
E.S.N. Residential School	...	...	...	...	...	2
Approved School	...	...	...	...	...	1

15

Children under Treatment on 31st December, 1955.

Regular treatment by Psychiatrist	...	...	...	...	24
Regular treatment by Psychologist	...	...	...	...	24
Treatment waiting list for Psychiatrist and Psychologist	...	...	...	...	14
Periodic survey by Psychiatrist and Psychologist	...	...	...	...	132
Survey while residentially placed	...	...	...	...	21
Survey if requested by Children's Officer	...	...	...	...	14
Survey at School	...	...	...	...	24
Open but no active treatment at present	...	...	...	...	43
Still under investigation	...	...	...	...	8
Awaiting residential place	...	...	...	...	4

308

Work with Parents.

Regular work by Psychiatric Social Worker with parents	...	37
Periodic survey by Psychiatric Social Worker with parents	...	135

Closures.

Diagnostic and Advice only	...	...	...	...	...	73
Satisfactory adjustment after treatment	...	...	...	...	...	33
Improved	...	...	...	...	...	10
Transferred to other agencies	...	...	...	...	...	8
Removed from area	...	...	...	...	...	9
Unco-operative or failed to respond	...	...	...	...	...	10

143

*Total Interviews.**Psychiatrist.*

Diagnostic with children	...	...	...	...	...	140
Parents and others	...	...	...	...	...	178
Psychotherapy	...	...	...	...	...	492
Survey	...	...	...	...	...	144

954

Psychologist.

Diagnostic with children	...	...	...	...	...	338
Parents and others	...	...	...	...	...	250
Remedial treatment	...	...	...	...	...	571
Survey	...	...	...	...	...	262
School Visits	...	...	...	...	...	65
Home Visits	...	...	...	...	...	19

1505

Psychiatric Social Worker with Parents.

Diagnostic ...	...	...	...	...	...	...	170
Parents and others	...	...	...	...	...	...	1296
Home Visits	...	...	...	...	...	...	56
							<hr/> 1522 <hr/>

IMMUNISATION AGAINST DIPHTHERIA

As in previous years facilities are available at all clinics for the immunisation of school children and no opportunity is lost by the School Medical Officers and school nurses to persuade parents of the importance of this prophylactic measure.

Many parents fail to realise that an unimmunised child runs a very definite risk of becoming a victim of diphtheria, and only the maintenance of a high level of immunity among the child population will prevent the return of this dangerous illness.

The immunisation index for school children for 1955 was 51.33 per cent., still far too low a figure for complacency.

1,352 scholars who received initial injections in infancy received a re-inforcing dose during the year.

158 others not previously treated received their first course of two injections.

NOTIFICATIONS OF INFECTIOUS DISEASES

The following relate to school children :—

Scarlet Fever	...	...	52
Measles ...	...	...	966
Whooping Cough	...	...	30
Pneumonia	...	...	3
Scabies	...	...	1
Erysipelas	...	...	1
Food Poisoning	...	...	1
Encephalitis	...	...	2
Poliomyelitis—paralytic	...	...	1
non-paralytic			2
			<hr/> 1059 <hr/>

There were also 3 notifications of respiratory tuberculosis and 1 other form of this disease.

FOLLOWING UP

Most valuable work is done by the school nurses in the general follow-up of children found to have defects or who have recently been ill. By home visits the nurse is able to give helpful advice to the parent and can satisfy herself that treatment has been sought from the general practitioner and his advice carried out. In this connection I often feel it is a great pity the general practitioner does not make fuller use of the services of the school nurse who could assuredly by home visits and parental advice relieve him of considerable anxiety as to the care of the sick child and no doubt thereby save his valuable time for other pressing duties. This form of assistance of the Health Visitor/School Nurse is undoubtedly envisaged in the wording of Section 24 of the National Health Service Act.

Under the above heading, mention must be made of the valuable assistance given to the School Health Service by the N.S.P.C.C. Ready and willing help is always forthcoming from the local inspector, in those cases which it is considered require his attention.

The School Nurses recorded the following reasons for home visits :—

	No.
Eye Defects	156
Ear, Nose and Throat conditions	285
Skin complaints	14
Uncleanliness	80
Tuberculin Testing	26
Miscellaneous	307
	<hr/> 868 <hr/>

Exclusion from School

Scholars were excluded from school during 1955 for the following reasons :—

Ringworm	9
Impetigo	10
Ear, Nose and Throat conditions	5
Uncleanliness	16
Eye conditions	6
Miscellaneous	9
	<hr/>
Total	55 <hr/>

Open-Air Education

During the year 10 boys and 7 girls have been sent to residential open-air schools. The benefit derived by a debilitated child after a period at such a school is often most striking and the value of open-air education with good and regular meals is beyond doubt.

STAFF EXAMINATIONS

74 school teachers were examined by the medical staff, as a condition of appointment, also 78 applicants for entry to Training Colleges.

EMPLOYMENT OF SCHOOL CHILDREN

A total of 651 children aged 13 or more who wished to be employed outside school hours were medically examined by the School Medical Officers. All except three were found fit for the purpose. The occupations proposed were :—

Errand boys	...	...	...	68
News boys	...	...	...	386
News girls	...	...	...	142
Shop assistants	...	...	...	48
Other	...	...	...	4

19 other children were granted medical certificates as being fit to take part in public entertainment.

THE HANDICAPPED CHILD

There are, unfortunately, a number of children who by reason of physical or mental defect, require special schooling. Ten separate categories are recognised by the Ministry of Education in the School Health Service and Handicapped Pupils Regulations, 1953, and the numbers of children in the Borough so classified are detailed in the Table on page 23, together with details of the Special Educational facilities provided.

It is of prime importance that Special Educational facilities should be provided as early as possible when it has become apparent that the ordinary school can no longer cope with the disability, but on the other hand every effort should be made to keep the child within the normal educational framework where this is sufficiently adaptable and comprehensive. There is, throughout the country, a shortage of Special School places which leads to delay in securing admission, but the consequences of this are minimised as far as possible by special coaching in school, or Home Teaching.

The Educationally Sub-normal Child poses a special problem on account of its size, for quite apart from the comparatively small numbers attending Special Schools, a far larger number are to be found in the "D" streams of many Secondary Modern Schools.

Some of these children, on leaving school, can find an undistinguished place in the community, but others (perhaps with aggressive and anti-social tendencies) have to be excluded from school as "ineducable" and reported by the local education authority to the local health authority for supervision and training in Occupation Centres or otherwise.

No child is excluded from school as "ineducable" without the most scrupulously careful examination, often following a period of observations by the teacher extending over months or years. Generally speaking, few children are ever excluded from school if their Intelligence Quotient is much over 50 (e.g. a 10 year old child with the mentality of a child of 5 years). The parent of such a child, if aggrieved by the decision of the local education authority to exclude the child from school, has a right of appeal to the Minister of Education, and if a child, following exclusion from school owing to "ineducability" shows improvement which it is considered makes him suitable for return into the educational system, there are special provisions to make this possible.

The majority of severe handicaps falling within the categories mentioned in the Table are either congenital or acquired at an early age and the results of Special Schooling very largely depend on the type and severity of the handicap. Perhaps some of the most disappointing results have been found in relation to Special Residential Schooling for Educationally Sub-normal Children, and this has undoubtedly been due to the poor mental calibre of these children, many of whom are on the borderline of "ineducability".

SCHOOL MEALS SERVICE

There is no doubt of the great value to the nutritional state and the general health of the scholars of the School Meals Service.

The standard of meals supplied and the care and proficiency with which they are prepared reflect great credit on the school meals organisers and staff under their direction.

The standard of hygiene maintained in school canteens and canteen workers continues to be high and the meals organisers are obviously ever conscious of the dangers inherent in mass produced meals.

26 Centres are utilised for the provision of meals, and the number of pupils partaking of meals is illustrated by a sample day on which statistics were collected.

<i>Day in :</i>	<i>Attendance</i>	<i>Meals provided</i>
October	15,530	7,207
		(of which 359 were free)

On the same day 12,084 pupils were provided with milk at school ($\frac{1}{3}$ pint each).

HANDICAPPED PUPILS

Category	Ascertainment		Special Schools*			
	New Cases Ascertained During 1955	Number on Register, 31.12.55	Number Recommended During the Year for Admission	Number Admitted During the Year	Number Attending on 31.1.56	Number Awaiting Placement on 31.1.56
Blind ...	—	5	—	1	4	1
Partially Sighted ...	—	3	—	—	3	—
Deaf ...	—	11	—	1	11	—
Partially Deaf ...	5	26	—	1	9	—
Delicate ...	17	34	14	11	10	2
Physically Handicapped ...	5	42	1	5	13	1
Educationally Sub-normal ...	37	163	30	24	54	19
Maladjusted ...	9	34	9	5	18	5
Epileptic ...	—	15	—	—	3	—
Speech Defective ...	52	79	—	—	—	—
Total ...	125	412	54	48	125	28

* Includes boarding houses or hostels : excludes Hospital Schools.

Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944	18
Number of children reported during the year under Section 57 (3) of the Education Act, 1944	8
" " " " " (5) " " "	1

Annual Report on the School Dental Service—1955.

General Observations.

During the year 1955 the School Dental Service in Bournemouth continued to make good progress.

There were four dental surgeons engaged in the work, some of their time being devoted also to the dental care of mothers and young children. There was a full establishment of dental officers each of whom had the valuable assistance of a dental attendant.

Dental Inspections.

All the schools were visited by the dentists for routine inspections during the year with the exception of two new schools which were opened at West Howe during September, the inspections at these schools were carried out early in the present year.

Parents were invited to the school dental inspections and given all the information possible, but a detailed record of all the treatment required by each child was not made as this would have involved a heavy waste of time where the parents decided to have treatment provided by their private dentists.

The children whose parents did not attend the inspection were given a consent form to take home if treatment was required. When parents accepted treatment for their children by the school dental officers, the nature of the treatment needed was indicated on the appointment forms and fuller details given when the children attended for treatment.

The procedure outlined briefly above was designed to reduce the disturbance of the school to the minimum consistent with the provision of an efficient school dental service.

Fifteen per cent. of the children inspected were taken by their parents to receive treatment by private dentists.

Importance of Early Treatment.

Fewer teeth would need to be extracted if all parents would accept or obtain dental treatment for their children when advised to do so.

The great majority of parents who stated on the consent forms that they would obtain private treatment for their children did so, but some parents only used their statement as an excuse for delay

until the children had tooth-ache and then they came to the clinics when teeth which could have been filled earlier had become unsalvageable.

An investigation showed that amongst Secondary School children during the last quarter of the year of 62 permanent teeth extracted because of decay, 41 of these teeth were lost because parents had previously refused to accept treatment or had failed to ensure that their children kept appointments which had been sent. Steps are being taken to overcome this difficulty.

Staff Changes.

There was only one change in the dental staff during the year when Miss D. W. Rose, the dental attendant at the East Howe Clinic, left on the 30th July. Miss F. M. Wilding, who had previously assisted private dental surgeons, was appointed to fill the vacancy and commenced duties on 19th September.

Orthodontic Treatment.

This important branch of children's dentistry received due attention and close co-operation continued with Mr. J. D. Hooper, the orthodontic specialist at the Royal Victoria Hospital, Boscombe.

Eighteen children were referred to Mr. Hooper for an opinion and one hundred and sixteen children for treatment as well as diagnosis.

The school dental officers also provided orthodontic treatment for one hundred and twenty-eight children at the school clinics.

Co-operation of Boscombe Hospital Staff.

I should like to thank the dental surgeons on the staff of the Royal Victoria Hospital, for the most valuable help they gave during the year. I am grateful also to the Radiologists for kindly providing X-rays and reports.

Co-operation of Teachers.

Members of the teaching profession are always ready to give their active support to any scheme which is in the interests of the children, and I would like to record my grateful appreciation for all the kind co-operation given by Headmasters, Headmistresses and Teachers during the year.

Annual Meeting British Dental Association.

I attended the Annual Meeting of the British Dental Association which was held at Glasgow during July and very much appreciated the opportunity to be present at many interesting lectures, discussions and practical demonstrations.

Medical Inspection Returns

Year Ended 31st December, 1955

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

New entrants	...	...	...	...	1203
Aged 10 years	1323
Aged 14 years	1054
Total					3580

Additional Periodic Inspections†	2262
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Grand Total	...	5842
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B.—OTHER INSPECTIONS.

Number of Special Inspections	...	2362
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Number of Re-Inspections	...	410
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Total	...	2772
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C—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with vermin).

Group				For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)				(2)	(3)	(4)
Entrants	...	...	...	12	150	150
Aged 10 years	...	...	...	133	132	250
Aged 14 years	...	...	...	148	87	220
Total				293	369	620
Additional Periodic Inspections†				414	226	602
Grand Total				707	595	1222

†Children at special schools or who missed the usual periodic examination

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		Number of defects		Number of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
44	Skin	40	98	—	—
5	Eyes— (a) Vision ...	707	173	6	—
	(b) Squint ...	71	10	2	—
	(c) Other ...	14	66	2	—
6	Ears—(a) Hearing ...	16	9	1	—
	(b) Otitis Media ...	5	1	—	—
	(c) Other ...	2	4	—	—
7	Nose or Throat ...	83	297	1	—
8	Speech	18	19	—	1
9	Cervical Glands ...	1	32	—	—
0	Heart and Circulation	10	18	—	—
1	Lungs	7	25	—	—
2	Developmental :—				
	(a) Hernia ...	3	1	—	—
	(b) Other... ...	16	66	—	—
3	Orthopaedic :—				
	(a) Posture ...	142	40	2	1
	(b) Flat foot ...	87	18	3	—
	(c) Other... ...	57	41	—	—
4	Nervous System :—				
	(a) Epilepsy ...	4	1	—	—
	(b) Other... ...	1	5	—	—
5	Psychological :—				
	(a) Development	7	4	22	3
	(b) Stability ...	5	31	1	1
6	Other	6	11	—	—

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1203	318	26.43	880	73.15	5	0.42
Aged 10 years	1323	384	29.02	931	70.37	8	0.61
Aged 14 years	1054	318	30.17	734	69.64	2	0.19
Other Periodic Inspections ..	2262	943	41.69	1315	58.13	4	0.18
Total ..	5842	1963	33.60	3860	66.07	19	0.33

TABLE III.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	39,804
(ii) Total number of individual pupils found to be infested ...	86
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	NIL
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	NIL

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Group I.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

					Number of cases treated or under treatment during the year	
					by the Authority	otherwise
Ringworm —(i) Scalp ... ..	...	...	...	...	—	3
(ii) Body .. ...	..	...	...	...	12	—
Scabies .. ...	..	...	...	...	2	—
Impetigo ... ..	..	...	...	...	36	—
Other skin diseases ... ..	...	...	...	...	282	—
Total ... ..	..	...	...	...	332	3

Group 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

					Number of cases dealt with	
					by the Authority	otherwise
External and other, excluding errors of refraction and squint					160	2
Errors of Refraction (including squint)					—	1584
Total					160	1586
Number of pupils for whom spectacles were—						
(a) Prescribed					—	680
(b) Obtained					—	680

Group 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

					Number of cases treated	
					by the Authority	otherwise
Received operative treatment—						
(a) for diseases of the ear					—	20
(b) for adenoids and chronic tonsillitis... ..					—	493
(c) for other nose and throat conditions					—	3
Received other forms of treatment ...					61	20
Total					61	536

Group 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals					—	63
					By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments...					—	423

Group 5.—CHILD GUIDANCE TREATMENT

					Number of cases treated	
					In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics					401	—

Group 6.—SPEECH THERAPY

					Number of cases treated	
					By the Authority	Otherwise
Number of pupils treated by Speech Therapists					139	—

Group 7.—OTHER TREATMENT GIVEN

		Number of cases treated	
		By the Authority	Otherwise
(a)	Miscellaneous minor ailments	774	—
(b)	Other than (a) above	—	405

TABLE V.

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers.					
(a)	At Periodic Inspections	...	...	...	...	14,594
(b)	As Specials	...	...	...	...	731
				Total (1)	...	15325
(2)	Number found to require treatment	...	...	...	...	8415
(3)	Number offered treatment	...	...	...	...	7459
(4)	Number actually treated	...	...	...	...	5076
(5)	Attendances made by pupils for treatment	...	...	...	...	13300
(6)	Half-days devoted to : Periodic Inspection	...	...	...	...	113
	Treatment	...	...	...	...	1663
				Total (6)	...	1776
(7)	Fillings : Permanent Teeth	...	...	...	...	8617
	Temporary Teeth	...	...	...	...	2361
				Total (7)	...	10978
(8)	No. of teeth filled : Permanent Teeth	...	...	...	...	7984
	Temporary Teeth	...	...	...	...	2284
				Total (8)	...	10268
(9)	Extractions : Permanent Teeth	(a) Caries	...	...	830	} 1173
		(b) To relieve over-crowding	...	...	343	
	Temporary Teeth	...	...	...	...	3712
				Total (9)	...	4885
(10)	Administration of general anaesthetics for extraction	...	...	...	...	2072
(11)	Other Operations : Permanent Teeth	...	...	...	...	2143
	Temporary Teeth	...	...	...	...	1001
				Total (11)	...	3144
(12)	Dentures and space retainers fitted	...	...	...	...	45
<hr/>						
Orthodontics.	Cases treated during year	...	...	...	...	128
	New cases	...	...	...	...	78
	Attendances	...	...	...	...	824
	Appliances provided	...	...	...	...	91
	Cases completed during year	...	...	...	...	41

Contents of Medical Officer of Health's Report

	<i>Page</i>
Ambulance Service	78
Ante-natal Clinics	39
Atmospheric Pollution	112
Birth-rate	10, 11
Births	11, 38
Cancer	10, 16
Care of Mothers and Young Children	37
Child Welfare Centres	37, 40, 41
Committee	7
Consultant Chest Physician, Report of	25
Crematorium	93
Daily Minders	42
Day Nurseries	43, 47, 48
Death, Causes of	16
Death Rates	10
Dental Treatment, Mothers and Young Children	44
Disinfection	107
Disinfestation	107
Domestic Help Service	57, 76
Domiciliary Midwifery	56, 57
Drainage	107
Factory and Workshops Act	108
Family Planning	40
Fertilisers and Feeding Stuffs Act	111, 119, 126
Fluoroscopy	26
Food Poisoning	20
Food Supply, Control of	102
General Statistics	10
Health Visiting	56, 61
Health Education	86
Home Accidents	19, 66
Home Nursing	56, 70
Housing	32, 55, 85, 100
Ice Cream	104
Immunisation	66, 83
Infant Welfare Centres	40
Infant Mortality	14
Infectious Disease	19, 22, 39
Laboratory Tests	40
Legal Proceedings	114
Mass Radiography	36
Maternal Mortality	14
Maternity and Child Welfare	37
Mental Health Services	56, 86

	<i>Page</i>
Meteorological Registrar, Report of the	97
Midwifery and Maternity Services	56, 57
Milk and Dairies	103
Milk Examinations	104
Mother and Baby Homes	42
Mothercraft Classes	40, 65
Movable Dwellings	101
National Assistance Acts	94
Notifiable Diseases	19, 22
Nurseries	43, 47, 48
Nurseries and Child-Minders	42
Nursing Homes	92
Nuisances	107
Outwork	109
Overcrowding	101
Pet Animals Act	112
Pharmacy and Poisons Act... ..	111
Population	49
Prematurity	12
Prevention of Illness, Care and After-care	84
Problem Families	67
Public Analyst, Report of	115
Public Conveniences... ..	113
Public Health Laboratory Service	95
Puerperal Pyrexia	39
Rag Flock, etc. Act	111
Relaxation Classes	40, 65
Rest Homes	85
Refuse	107
Rodent Control	110
Samples of Food and Drugs	121
Sanitary Work, Details of	100, 107
Shops Acts	108
Sick-Room Equipment	85
Slaughter-houses	102
Smoke Abatement	112
Staff	7
Statistical Summary	10
Stillbirths	11
Swimming Baths	113
Tuberculosis	23
Tuberculin Testing of School Children	35
Ultra-Violet Light Clinics	41
Vaccination	66, 83
Vital Statistics	10
Voluntary Organisations	41, 85
Water	96
Welfare Foods	42
Whooping Cough	84

Contents of Principal School Medical Officer's Report

	<i>Page</i>
Mild Guidance	A15
Clinics	A12
Exclusion from School	A20
Employment of Children	A21
Findings at Medical Inspection	A8
Following-up	A20
Handicapped Pupils	A21, A23
Immunisation	A19
Infectious Disease	A19
Medical Inspection	A8
Minor Ailments	A11
Open-Air Education	A21
Orthopaedics	A13
Principal School Dental Officer's Report	A24
School Meals Service	A22
Schools and Scholars	A6
Speech Therapy	A14
Staff	A5, A6
Statistical Tables :—	
Defects Found	A7
Table 1	A26
Table 2	A27
Table 3	A28
Table 4	A28
Table 5	A30
Treatment of Children in Hospital	A10
Tuberculin Testing	A14
Ultra Violet Light	A14
Visual Defects	A13

